Missouri Department of MENTAL HEALTH

FY 2026 BUDGET REQUEST

with Governor's Recommendations

Program Descriptions Book

Departmentwide

Office of the Director

Division of Behavioral Health

Division of Developmental Disabilities

January 2025

DMH FY 2026 Program Description Forms

Missouri Department of Mental Health
Department Overview

The Missouri Department of Mental Health (DMH) was first established as a cabinet-level state agency by the Omnibus State Government Reorganization Act, effective July 1, 1974.

State law provides three principal missions for the department: (1) the prevention of mental disorders, developmental disabilities, substance use, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance use disorder, and compulsive gambling.

The seven-member Missouri Mental Health Commission serves as the principal policy advisory body to the department director. The department is composed of three divisions: the Division of Behavioral Health, the Division of Developmental Disabilities and the Division of Administrative Services, as well as seven support offices.

DMH serves approximately 180,000 Missourians annually through state-operated facilities and contracts with private organizations and individuals. The six state-operated psychiatric facilities include inpatient psychiatric care for adults and children, as well as sex offender rehabilitation and treatment services. In addition, four habilitation centers, three community waiver programs, two community-based crisis programs, five regional offices and six satellite regional offices serve individuals with developmental disabilities. Other services are purchased from a variety of privately operated programs statewide through approximately 1,300 contracts managed annually by DMH.

State and Federal Auditor's Reports/Reviews and Oversight Evaluations

Program or Division Name	Type of Report	Date Issued	Website Link
State of MO Single Audit – Year ended June, 2020	State Auditor's Report	May, 2021	www.auditor.mo.gov
State of MO Single Audit – Year ended June, 2021	State Auditor's Report	July, 2022	www.auditor.mo.gov
Office of Inspector General Review of the Department of Health and Human Services - Missouri's Oversight of Certified Individualized Supported Living Provider Health and Safety	Federal Agency Review/Audit	March 2023	https://oig.hhs.gov/oas/reports/region7/72103247.pdf
State of MO Single Audit – Year ended June, 2022	State Auditor's Report	July, 2023	www.auditor.mo.gov
SAMHSA Review of the Projects for Assistance in Transition from Homelessness (PATH) grant	Federal Agency Review/Audit	November 2023	N/A

Missouri Sunset Act Report

Program	Enacting Statutes	Sunset Date	Review Status
Intermediate Care Facility Intellectually Disabled Reimbursement Allowance	Section 633.401 RSMo.	September 30, 2029	This is the DD ICF/IDD provider tax. It has been renewed multiple times since 2008.

PROGRAM DESCRIPTION

Department: Mental Health   **AB Section(s):   10.005**
Program Name: Administration (Director's Office)
Program is found in the following core budget(s): Director's Office

1a. What strategic priority does this program address?

The Department of Mental Health (DMH) will focus efforts on modernizing aspects of Missouri's mental health system, enhancing service delivery models and improving total health-physical, mental and emotional well-being of all Missourians.

1b. What does this program do?

The Office of Director, with the advice of the Mental Health Commission, is responsible for the overall operations of the Department of Mental Health, its two clinical divisions and their facilities, one administrative division, support offices, and central office. The director's duties include planning, supervising, and evaluating the provision of mental health services for Missourians with mental disorders, developmental disabilities, and substance use disorders.

The Director's Office has a leadership role in the department's efforts to establish state policies, standards, and outcomes for state programs that affect mental health. The Director's Office is active in the development of policies and standards in MO HealthNet and insurance as these relate to the population served by the department. The Department of Mental Health works with other agencies to define target populations, develop interagency agreements, needed legislation, and interagency funding strategies in collaboration with local entities and consumers.

The Mental Health Commission, composed of seven members, appoints the director of the Department of Mental Health with confirmation by the state Senate. Commissioners are appointed to four-year terms by the Governor, also confirmed by the Senate. The commissioners serve as principal policy advisers to the department director.

The Commission, by law, must include an advocate of community mental health services, a physician who is an expert in the treatment of mental illness, a physician concerned with developmental disabilities, a member with business expertise, an advocate of substance use disorder treatment, a citizen who represents the interests of consumers of psychiatric services, and a citizen who represents the interests of consumers of developmental disabilities services.

2a. Provide an activity measure(s) for the program.

Clients/Individuals Served					
Division	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025 Proj.
SUD	57,705	60,176	62,368	61,464	61,464
MH	84,808	79,585	77,096	81,555	81,555
DD	40,130	40,895	41,582	43,095	43,095

2b. Provide a measure(s) of the program's quality.

N/A

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PROGRAM DESCRIPTION

Department: Mental Health   AB Section(s): __10.005__

Program Name: Administration (Director's Office)

Program is found in the following core budget(s): Director's Office

2c. Provide a measure(s) of the program's impact.

Percent of Federal and Other Funds to Department Total Funds

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
	61.88%	65.53%	67.03%	66.22%	61.02%

2d. Provide a measure(s) of the program's efficiency.

Percent of DMH Administrative Budget to Total Budget

FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
0.72%	0.64%	0.56%	0.52%	0.49%

Percent of DMH Administrative Budget FTE to Total FTE

FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
3.06%	3.06%	3.12%	3.10%	3.11%

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PROGRAM DESCRIPTION

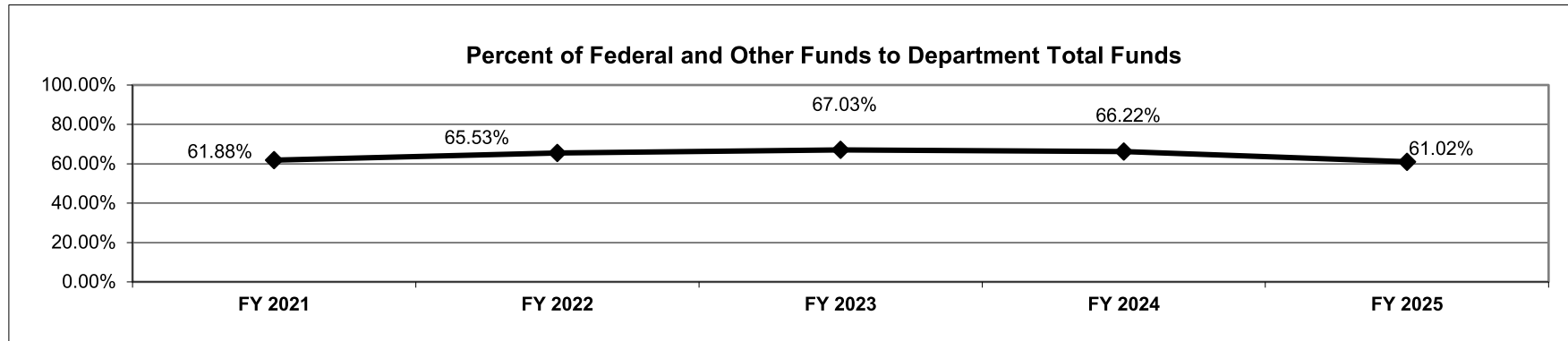**Department: Mental Health**   **AB Section(s):   10.005**
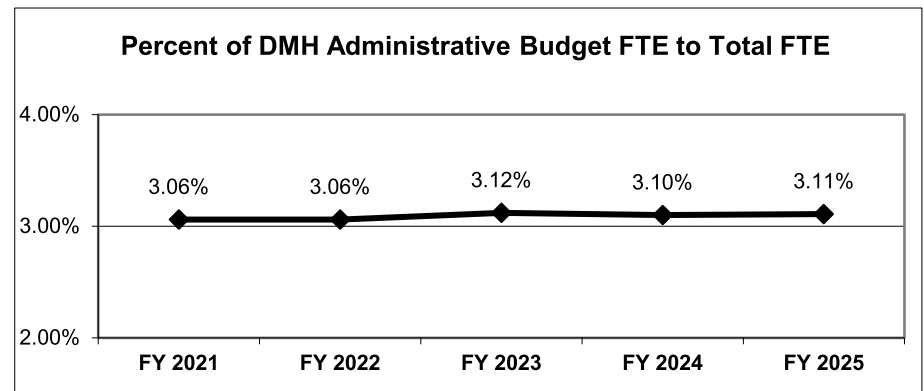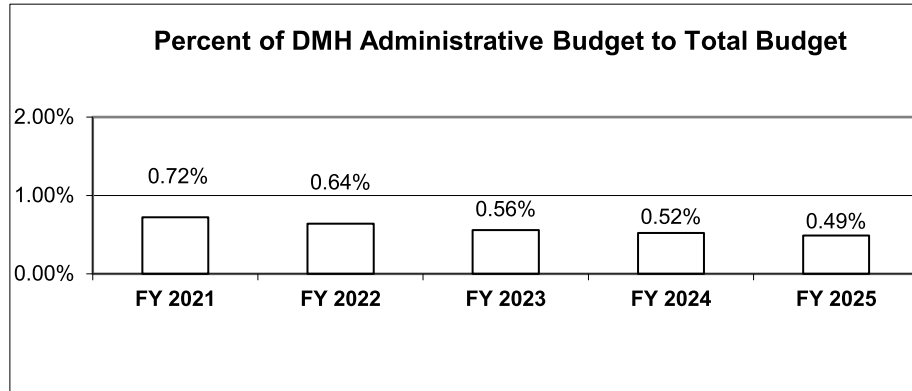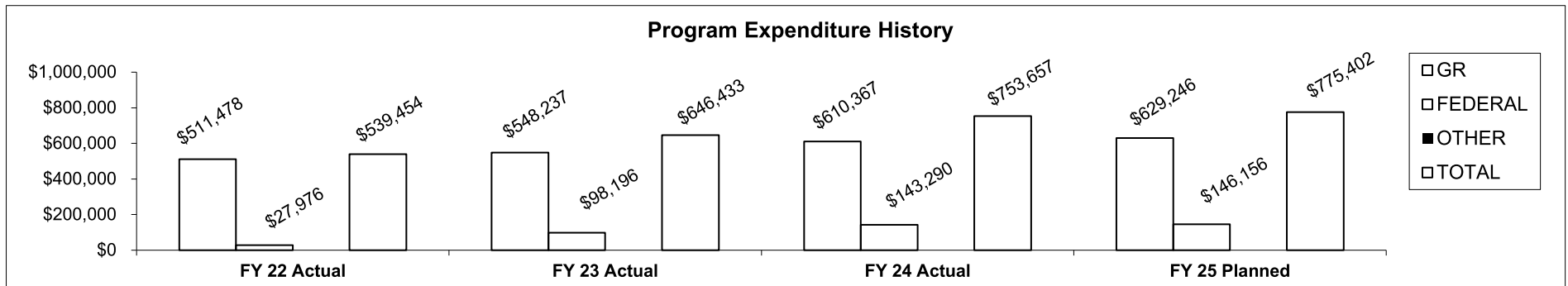
Program Name: Administration (Director's Office)

Program is found in the following core budget(s): Director's Office

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (*Note: Amounts do not include fringe benefit costs.*)

Program Expenditure History

Legend: GR, FEDERAL, OTHER, TOTAL

	FY 22 Actual	FY 23 Actual	FY 24 Actual	FY 25 Planned
GR	$511,478	$548,237	$610,367	$629,246
FEDERAL	$27,976	$98,196	$143,290	$146,156
TOTAL	$539,454	$646,433	$753,657	$775,402

4. **What are the sources of the "Other " funds?**

   Not applicable.

5. **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

   Sections 630.015, 630.020, and 630.025, RSMo.

6. **Are there federal matching requirements? If yes, please explain.**

   Yes, the department must spend state dollars to earn federal administrative funding.

7. **Is this a federally mandated program? If yes, please explain.**

   No.

PROGRAM DESCRIPTION

Department: Mental Health
Program Name: Administration (Operational Support)
Program is found in the following core budget(s): Operational Support

AB Section(s):   10.020

1a. What strategic priority does this program address?

The Department of Mental Health (DMH) will focus efforts on modernizing aspects of Missouri's mental health system, enhancing service delivery models and improving total health-physical, mental and emotional well-being of all Missourians.

1b. What does this program do?

The Operational Support core budget includes the following offices and obligations:

Office of the Department Deputy Director **-** Sections reporting to the Department Deputy Director include **Deaf Services** which provides direction and assistance in providing necessary services to hearing impaired consumers; **Constituent Services** which represents consumers and family viewpoints in decision and policy development, and ensures client rights are not violated; and the **Investigations Unit** which is responsible for conducting abuse and neglect investigations.

Office of Public Affairs supports the efforts of the program divisions to reduce stigma and raise awareness in the community about mental illness, substance use disorders, and developmental disabilities. This is achieved through education activities and media relations.

Office of Disaster Services conducts planning and development activities to support a coordinated mental health response for Missourians in disaster situations which includes deployment of the MO Behavioral Health Strike Team. The office oversees the "Show Me Hope" program, a free crisis counseling program in response to federally declared disasters sponsored by the Federal Emergency Management Agency (FEMA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Human Resources is responsible for personnel recruitment and retention, employee benefits, employee grievance resolutions, workers compensation and union relations.

General Counsel is responsible for handling legal opinions and interpretations, providing legal representation for the department, developing rules and department operating regulations, and conducting administrative hearings related to actions taken by the department's administrators.

Office of Governmental Affairs is responsible for the review and analysis of state and federal legislation that pertains to services provided by the Department of Mental Health. The Office monitors the progress of bills and other legislative activities, and provides legislative information to internal and external stakeholders.

Children's Services supports DMH by leveraging the efforts of multiple agencies and organizations, within and without the DMH structure, to meet the needs of the children served by the Department. The unit brings together decision makers who can offer a range of supports to an individual and/or family based on the concept that lasting, positive mental health involves a more holistic approach than the clinical services offered through DMH can offer by themselves.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): ___10.020___

Program Name: Administration (Operational Support)

Program is found in the following core budget(s): Operational Support

1b. What does this program do? (Continued.)

Division of Administrative Services is responsible for processing accounts payable for Central Office, financial management, reporting and control, budget development and budget control, central office general services, fleet management, procurement and contract management, revenue maximization, MO HealthNet, Medicare and other revenue billings and collections, and provide oversight and assistance with DMH information technology systems.

Operational Support core includes funding for procurement and implementation of an Electronic Health Records (EHR) System. The EHR will be used in all of the department's hospitals and facilities.

2a. Provide an activity measure(s) for the program.

Clients/Individuals Served					
Division	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025 Proj.
SUD	57,705	60,176	62,368	61,464	61,464
MH	84,808	79,585	77,096	81,555	81,555
DD	40,130	40,895	41,582	43,095	43,095

2b. Provide a measure(s) of the program's quality.
    N/A

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.020
Program Name: Administration (Operational Support)	
Program is found in the following core budget(s): Operational Support	

2c. Provide a measure(s) of the program's impact.

DMH Collections

Values shown: $250,662,607 (FY 2021), $204,660,248 (FY 2022), $218,567,100 (FY 2023), $253,749,106 (FY 2024)

Number of Individuals on the DMH Disqualification Registry

	FY 2022	FY 2023	FY 2024	FY 2025 Est.
Total Individuals on the DMH Disqualification Registry	3,032	3,063	3,109	3,117
Number of Individuals Added in Fiscal Year	123	151	169	147
Number of Individuals Removed During Fiscal Year	105	127	123	139

Note: Due to new individuals being added to the list and a number of individuals being removed from the list, the overall total will fluctuate.

2d. Provide a measure(s) of the program's efficiency.

Percent of DMH Administrative Budget to Total Budget

Values shown: 0.72% (FY 2021), 0.64% (FY 2022), 0.56% (FY 2023), 0.52% (FY 2024), 0.49% (FY 2025)

Percent of DMH Administrative Budget FTE to Total FTE

Values shown: 3.06% (FY 2021), 3.06% (FY 2022), 3.12% (FY 2023), 3.10% (FY 2024), 3.11% (FY 2025)
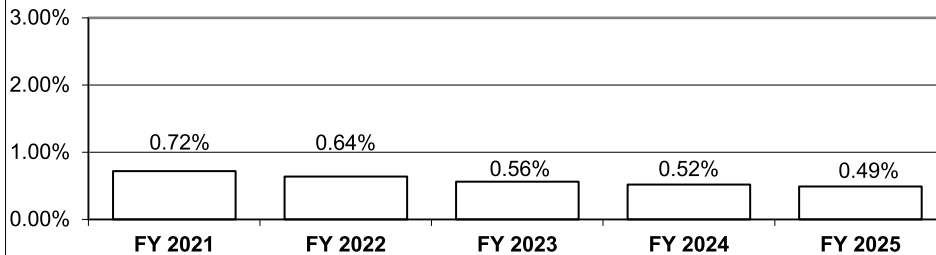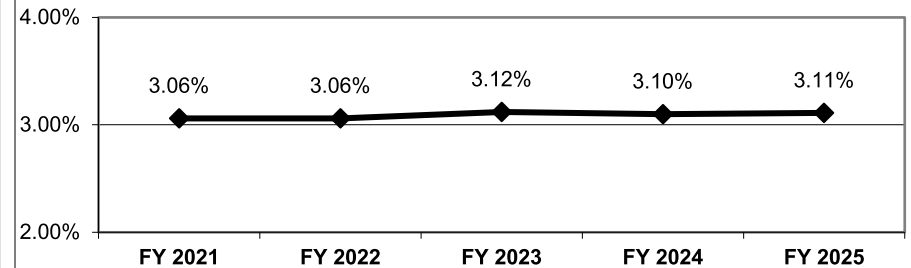
PROGRAM DESCRIPTION
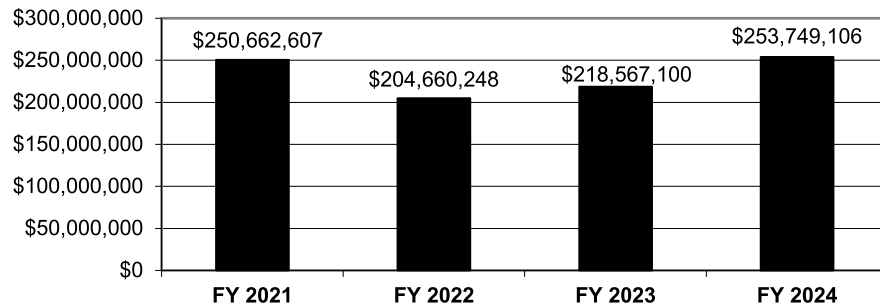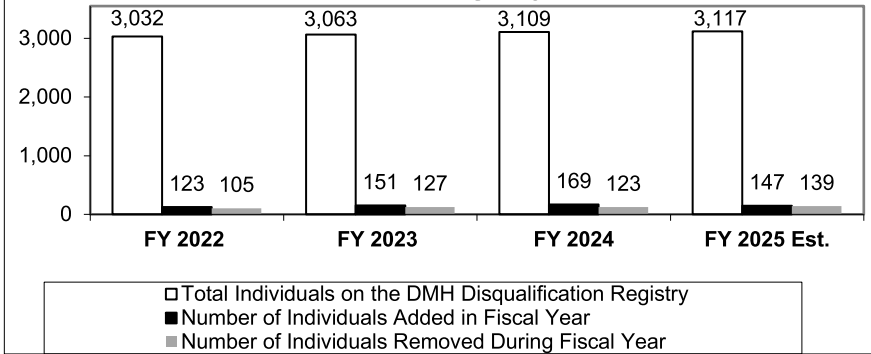
Department: Mental Health

AB Section(s): __10.020__

Program Name: Administration (Operational Support)

Program is found in the following core budget(s): Operational Support

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (*Note: Amounts do not include fringe benefit costs.*)

Program Expenditure History

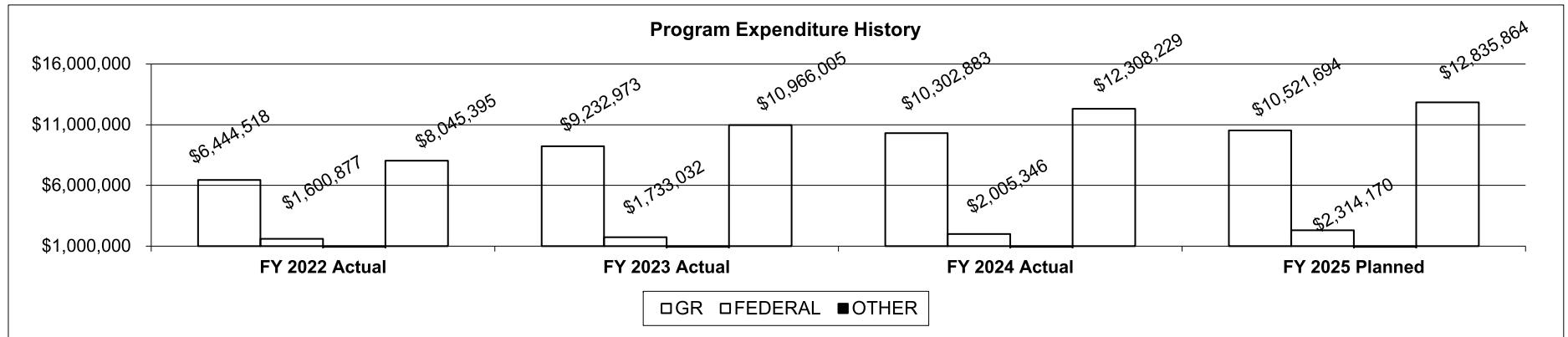|	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Planned
GR	$6,444,518	$9,232,973	$10,302,883	$10,521,694
FEDERAL	$1,600,877	$1,733,032	$2,005,346	$2,314,170
OTHER	$8,045,395	$10,966,005	$12,308,229	$12,835,864

Y-axis values: $1,000,000 / $6,000,000 / $11,000,000 / $16,000,000

Legend: □GR □FEDERAL ■OTHER

4. **What are the sources of the "Other " funds?**

Not applicable.

5. **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Sections 630.015 and 630.020, RSMo.

6. **Are there federal matching requirements? If yes, please explain.**

Yes, the department must spend state dollars to earn federal administrative funding.

7. **Is this a federally mandated program? If yes, please explain.**

HIPAA is mandated by Federal law. Forensic client transfer and conditional release revocation hearings and Developmental Disabilities (DD) service eligibility hearings are mandated by Federal consent decree.

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PROGRAM DESCRIPTION

Department: Mental Health

AB Section(s):   10.025

Program Name: Staff Training

Program is found in the following core budget(s): Staff Training

1a. What strategic priority does this program address?

The Department of Mental Health (DMH) will focus efforts on modernizing aspects of Missouri's mental health system, enhancing service delivery models and improving total health-physical, mental and emotional well-being of all Missourians.

1b. What does this program do?

This program supports training and staff development strategies for Department of Mental Health (DMH) staff and community providers which:

• Improves direct care staff skills and competencies for active treatment through training in best practices of client and consumer safety;

• Establishes consistency in training on best practices of client and consumer safety for DMH employees and employees of other service providers (e.g. Senate Board 40s);

• Increases supervisory skill sets to provide effective supervision through hands-on, accountable oversight, and coaching of the direct care workforce; and

• Provides continuing professional education resources to demonstrate DMH commitment to talented and qualified clinical staff who want to make a career in public sector mental health.

In FY 2023, DMH replaced the MELS (Missouri Employee Learning System) training system with a new Learning Management System (LMS) platform to allow facilities to streamline training to better meet certification standards required by facility staff.

DMH also manages *Caring for Missourians' Mental Health*, an initiative that addresses the state's mental health workforce crisis through several training components contracted with Missouri's two-year colleges and four-year universities. DMH enters into contracts with higher education institutions to expand high-demand programs and offer financial support to students. DMH provides tuition reimbursement, loan forgiveness, and residency support to trainees in exchange for comparable years of employment at DMH.

2a.   Provide an activity measure(s) for the program.

Percentage of DMH Mandatory Staff Training [1]				
FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Proj.	FY 2026 Proj.
100%	100%	100%	100%	100%

[1] All staff, including those in facilities.

PROGRAM DESCRIPTION

Department: Mental Health   AB Section(s):   10.025

Program Name: Staff Training

Program is found in the following core budget(s): Staff Training

2a.   Provide an activity measure(s) for the program.

Percentage of New Investigation Unit Staff Trained on Abuse and Neglect Investigation Process				
FY 2022 Actual	FY 2023 Actual	FY 2024 Actual.	FY 2025 Proj.	FY 2026 Proj.
100%	100%	100%	100%	100%

Number of DMH Employees Provided Client/Consumer Safety Related Training [1]				
FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Proj.	FY 2026 Proj.
1842	1963	1986	2000	2000

[1] Trainings outside of MELS/LMS.

2b. Provide a measure(s) of the program's quality.

E-Learning Training Completion Rate [1]				
FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Proj.	FY 2026 Proj.
100%	100%	100%	100%	100%

[1] Includes facilities.

E-Learning Mandatory Training Pass Rate [1]				
FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Proj.	FY 2026 Proj.
100%	100%	100%	100%	100%

[1] Trainings that are completed and require a quiz.

PROGRAM DESCRIPTION

Department: Mental Health   AB Section(s):   10.025
Program Name: Staff Training
Program is found in the following core budget(s): Staff Training

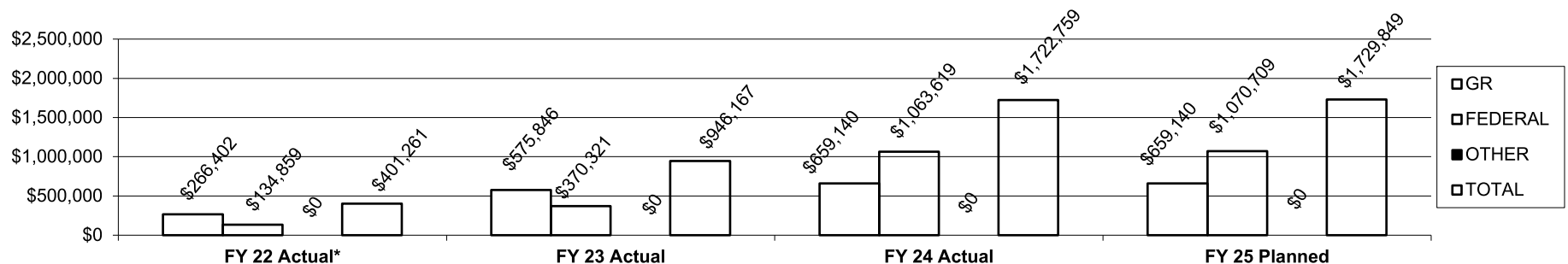2c.   Provide a measure(s) of the program's impact.

Number of Workers' Comp Injuries				
FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Proj.	FY 2026 Proj.
482	456	578	500	500

2d.   Provide a measure(s) of the program's efficiency.

On average, a DMH employee is required to take 12 courses annually. These department and division-wide safety programs ensure the department and its facilities' employees hold a measure of competency within their work environment. The online courses continue to be made available on all shifts and assigned as workload permits, so not only is there a significant cost savings when compared to external training vendors, and allows facilities to provide training in a more efficient manner. In addition, facilities are now utilizing in-house knowledge experts in the creation of trainings offering DMH workers more relevant trainings, further increasing overall efficiency and cost savings.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (*Note: Amounts do not include fringe benefit costs.*)

Program Expenditure History

	FY 22 Actual*	FY 23 Actual	FY 24 Actual	FY 25 Planned
GR	$266,402	$575,846	$659,140	$659,140
FEDERAL	$134,859	$370,321	$1,063,619	$1,070,709
OTHER	$0	$0	$0	$0
TOTAL	$401,261	$946,167	$1,722,759	$1,729,849

* Due to COVID-related training cancellations and restrictions, FY 22 expenditures were limited.

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PROGRAM DESCRIPTION

Department: Mental Health   **AB Section(s):   10.025**

Program Name: Staff Training

Program is found in the following core budget(s): Staff Training

4. What are the sources of the "Other " funds?

   Not applicable.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

   Not applicable.

6. Are there federal matching requirements? If yes, please explain.

   Yes, the department must spend state dollars to earn federal administrative funding.
   .

7. Is this a federally mandated program? If yes, please explain.

   No.

PROGRAM DESCRIPTION

Department: Mental Health   AB Section(s): ___10.030___

Program Name: Employee Support Resources

Program is found in the following core budget(s): Employee Support Resources

1a. What strategic priority does this program address?

The Department of Mental Health (DMH) will focus efforts on modernizing aspects of Missouri's mental health system, enhancing service delivery models and improving total health-physical, mental and emotional well-being of all Missourians.

1b. What does this program do?

The Department of Mental Health (DMH) will focus on improving the health and retention of all DMH employees. Team members who feel supported by their employer come to work more engaged and productive. Like military, law enforcement, and other first responders, Mental Health employees experience trauma on a daily basis while at work. These traumatic events can have long lasting impact on their lives. In response, the department has developed the Critical Incident Stress Management (CISM) Peer Network to respond to workplace trauma. There is a strong need to focus on the overall health and mental health of staff in order to address the impacts of workplace exposure to violence, trauma, and traumatic events. Impacts of workplace trauma include: greater work absenteeism, increased job turnover, poor physical health, depression, Post-Traumatic Stress Disorder, a significantly higher rate of worker's compensation injuries, and many other negative consequences.

Wellness and self-care are central to an employee's wellbeing and critical to reducing workplace stress. Proactively reducing employee stress is the best way to help staff provide care to DMH clients, reducing the possibility of a traumatic incident occurring. In addition, wellness programs foster resiliency in staff which can decrease the impact of actual workplace trauma. Wellness programs will include stress relieving programs (physical activity, meditation, learning activities, self-care programs/techniques, etc.).

DMH conducts two seminars per year with 25-50 participants per seminar. In FY 2024, DMH had 578 workers' compensation claims; which 49% of those claims involved an employee being struck. These seminars will assist DMH staff in processing workplace trauma and improve employee wellbeing and worker retention.

DMH currently experiences many of these impacts with agency turnover exceeding 30% since January 2018. In addition, DMH consistently accounts for 20% or higher of Missouri's total workers compensation claims. Staff will travel to all locations assisting with wellness and trauma policy, development, training, and implementation of wellness activities and trauma response. The existing Peer network will expand through training and development of 120 additional CISM Peers.

PROGRAM DESCRIPTION
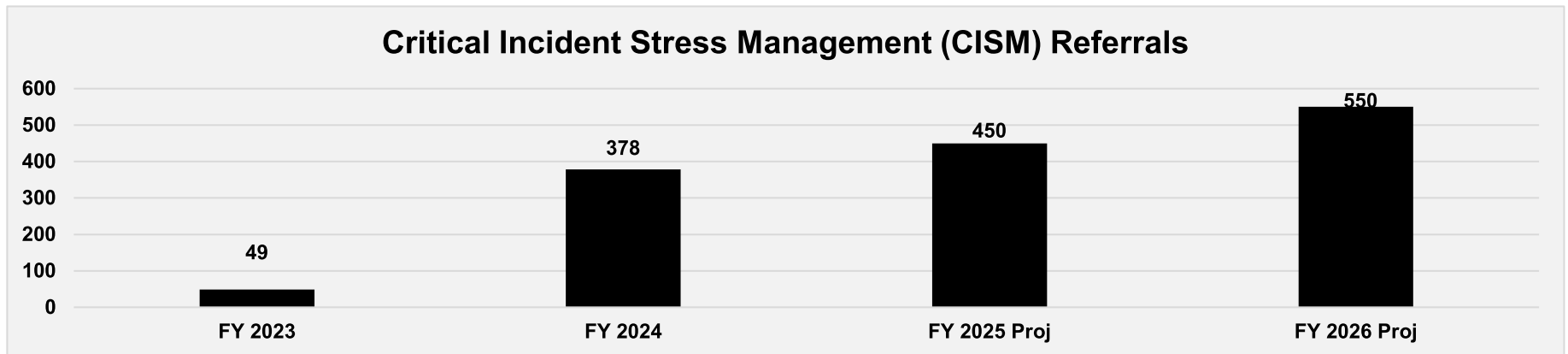
Department: Mental Health   AB Section(s):   10.030

Program Name: Employee Support Resources

Program is found in the following core budget(s): Employee Support Resources

2a.   Provide an activity measure(s) for the program.

Department of Mental Health Workers' Compensation — FY 2024

578 Workers' Comp Injuries	$11.1 Million Workers' Comp Expenditures	11,015 Workers' Comp Missed Days
23% of State Total	24% of State Total	41% of State Total

49% of injuries were staff being struck

Critical Incident Stress Management (CISM) Referrals

FY 2023	FY 2024	FY 2025 Proj	FY 2026 Proj
49	378	450	550

PROGRAM DESCRIPTION

Department: Mental Health   AB Section(s): ___10.030___

Program Name: Employee Support Resources

Program is found in the following core budget(s): Employee Support Resources

2b. Provide a measure(s) of the program's quality.

CISM Peer Network

136 Certified CISM Peers

13 Certified CISM Peer Leads

CISM Peers and Leads are DMH employees that volunteer their time to support other DMH staff after a critical incident

CISM Peer Network
270 Total Referrals

86% Peer Support Only

8% Referred to Employee Assistance Program

4% Referred to Community Resources

2% declined all CISM services

2c. Provide a measure(s) of the program's impact.

CISM Peer Network

86% Retention

86% of employees who utilized CISM Peer Network in 2023 still worked for DMH as of Jan 2024

PROGRAM DESCRIPTION

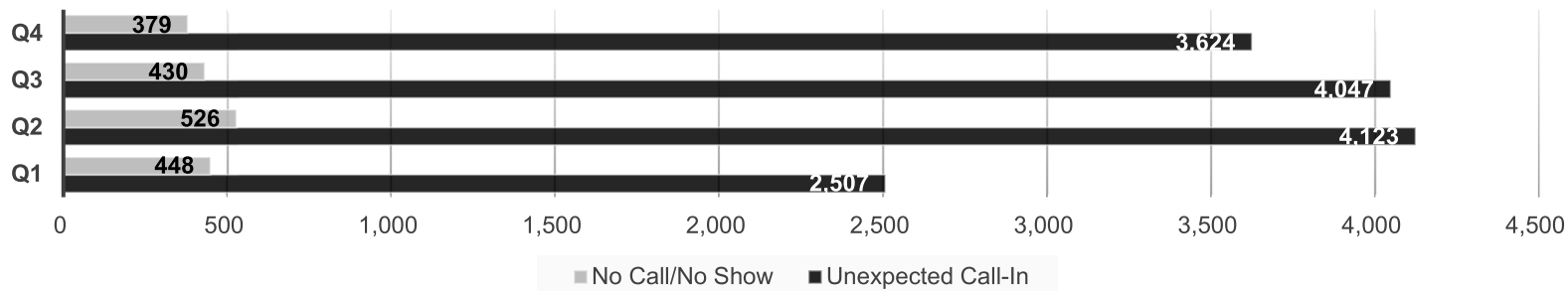|	
Department: Mental Health	AB Section(s): 10.030

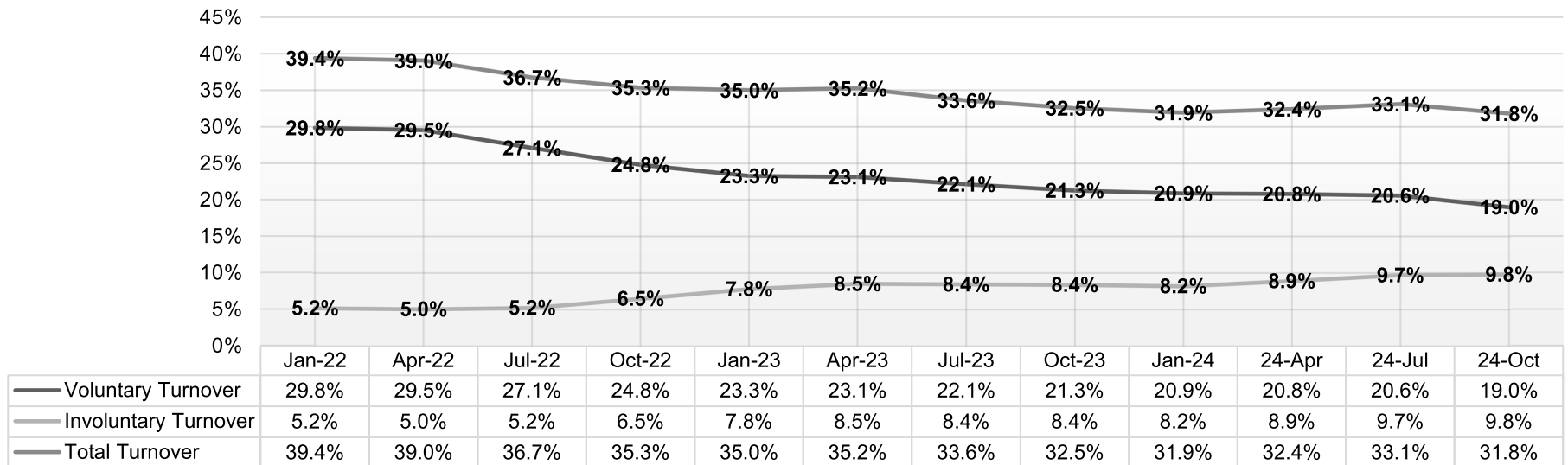Program Name: Employee Support Resources

Program is found in the following core budget(s): Employee Support Resources

2c.   Provide a measure(s) of the program's impact. (Continued)

2024 Division of Developmental Disabilities Staffing Absences

Quarter	No Call/No Show	Unexpected Call-In
Q4	379	3,624
Q3	430	4,047
Q2	526	4,123
Q1	448	2,507

■ No Call/No Show   ■ Unexpected Call-In

DMH TURNOVER 2022-2024

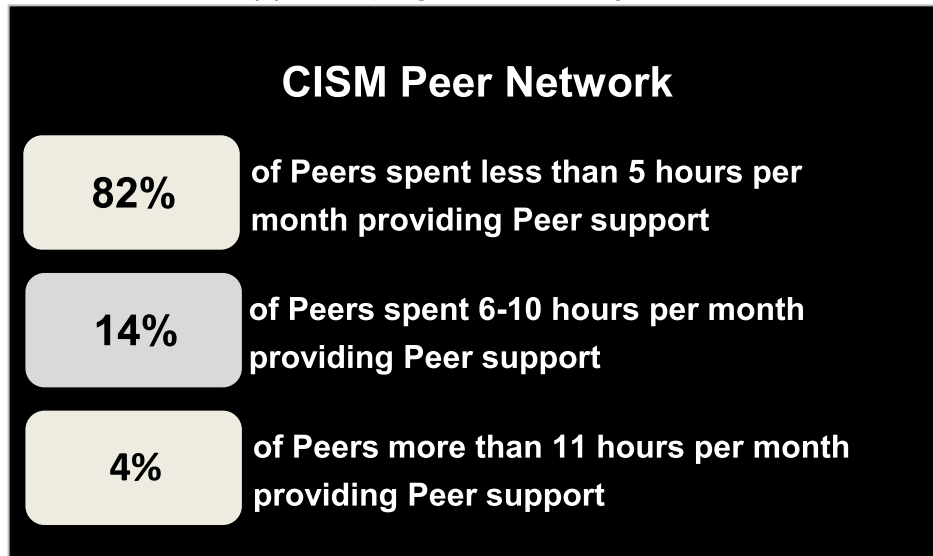|	Jan-22	Apr-22	Jul-22	Oct-22	Jan-23	Apr-23	Jul-23	Oct-23	Jan-24	24-Apr	24-Jul	24-Oct
Voluntary Turnover	29.8%	29.5%	27.1%	24.8%	23.3%	23.1%	22.1%	21.3%	20.9%	20.8%	20.6%	19.0%
Involuntary Turnover	5.2%	5.0%	5.2%	6.5%	7.8%	8.5%	8.4%	8.4%	8.2%	8.9%	9.7%	9.8%
Total Turnover	39.4%	39.0%	36.7%	35.3%	35.0%	35.2%	33.6%	32.5%	31.9%	32.4%	33.1%	31.8%

PROGRAM DESCRIPTION

Department: Mental Health

Section(s):   10.030

Program Name: Employee Support Resources

Program is found in the following core budget(s): Employee Support Resources

2d. Provide a measure(s) of the program's efficiency.

CISM Peer Network

82%	**of Peers spent less than 5 hours per month providing Peer support**
14%	**of Peers spent 6-10 hours per month providing Peer support**
4%	**of Peers more than 11 hours per month providing Peer support**

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (*Note: Amounts do not include*

Program Expenditure History

Legend: □ GR □ FEDERAL ■ OTHER □ TOTAL

	FY 22 Actual	FY 23 Actual	FY 24 Actual	FY 25 Planned
GR	$0	$0	$0	$0
FEDERAL	$0	$0	$0	$1,675,000
OTHER	$0	$0	$0	$0
TOTAL	$0	$0	$0	$1,675,000

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PROGRAM DESCRIPTION

Department: Mental Health   **AB Section(s):   10.030**
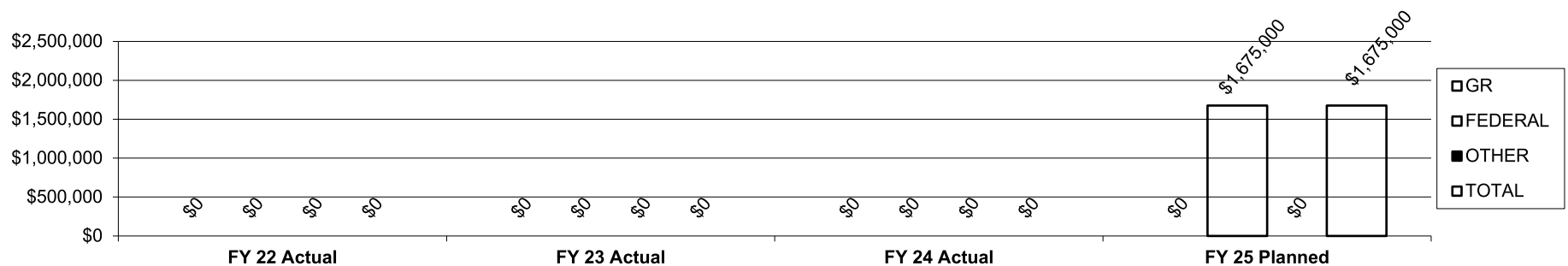
Program Name: Employee Support Resources

Program is found in the following core budget(s): Employee Support Resources

4. What are the sources of the "Other " funds?

   Not applicable.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

   Not applicable.

6. Are there federal matching requirements? If yes, please explain.

   Not applicable.

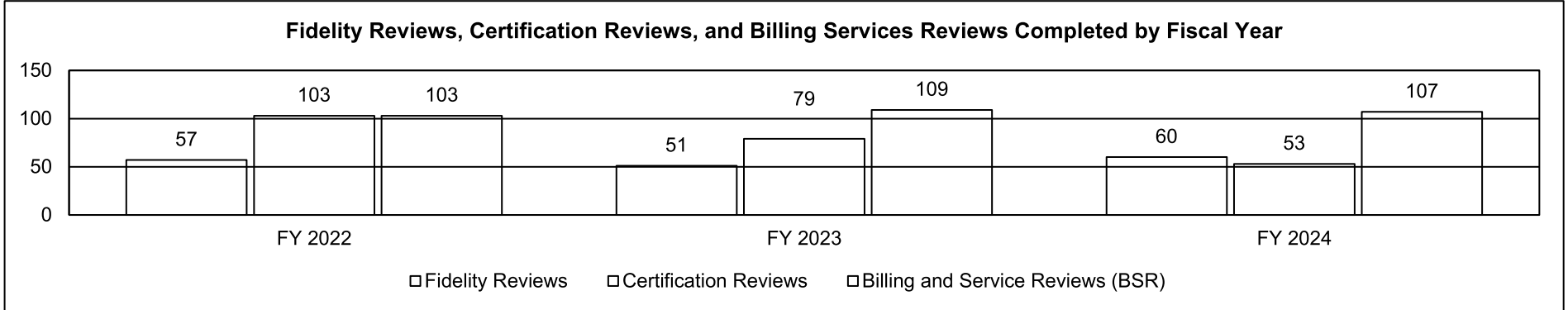**7. Is this a federally mandated program? If yes, please explain.**

   No.

Department: Mental Health	AB Section(s): 10.100
Program Name: DBH Administration	
Program is found in the following core budget(s): Administration - Substance Use Disorder and Mental Health	

1a. What strategic priority does this program address?
  Quality Outcomes

1b. What does this program do?

The Division of Behavioral Health (DBH) has the responsibility of ensuring prevention, treatment, and recovery services are accessible to persons with serious mental illness, severe emotional disturbance, substance use disorders, those at risk of substance misuse, and compulsive gamblers. DBH's administrative responsibilities include, but are not limited to: funding treatment services; providing technical assistance and training; setting standards to ensure quality services data reporting and analytics; public information dissemination; review and oversight of the Division's budget; as well as, program planning and policy development for prevention, treatment, and recovery services.

While DBH oversees contracted community-based services, it also directly supports a hospital system. Funding for hospital associated positions are within the budgets of the inpatient facilities; however, DBH Central Office provides direction, guidance, and oversight for the hospitals. Some of the hospitals have consolidated administrative staff into a regionalized administration in order to gain efficiencies and better standardize treatment and policy. The state-operated hospitals are: Center for Behavioral Medicine; Northwest Missouri Psychiatric Rehabilitation Center; Fulton State Hospital; St. Louis Forensic Treatment Center - North and South campuses; Southeast Missouri Mental Health Center; and Hawthorn Children's Psychiatric Hospital.

Division administrative responsibilities include:

- Development and implementation of administrative standards and operating policies for community-based program areas. Standards and policies include guidelines for quality of care and quality improvement processes as well as client safety and clinical appropriateness.
- Development of curricula and implementation of training modules for community-based behavioral health providers to ensure current evidence-based practices are implemented in Division programming.
- Monitoring, evaluation and provision of technical assistance to its provider network to ensure services maintain the highest levels of quality programming.
- Exploration of research and literature for dissemination to the provider network and the general public on treatment, recovery support, and prevention practices.
- Collect, analyze and report on data collected for all programs in accordance with federal requirements, as well as to track division programming demographics and outcomes.
- Cooperation and collaboration with other state and federal agencies to ensure coordination of evidence-based prevention programming.
- The application of standardized management, fiscal, and personnel procedures and practices. Administrative oversight is provided for the budget, provider allocations, fiscal notes, and research and evaluation support. DBH applies appropriate financial procedures and provides the necessary data to support federal requirements necessary for maintaining funding.
- Application for and oversight of numerous federal grants to assist in the funding of treatment, recovery and prevention services for both adults and children.
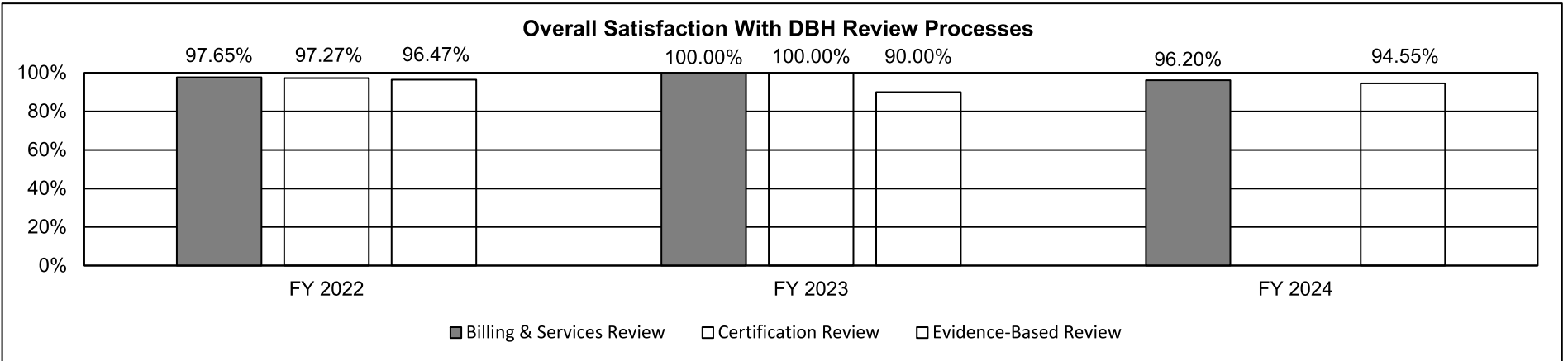
PROGRAM DESCRIPTION

Department:	Mental Health	AB Section(s):	10.100

Program Name: DBH Administration

Program is found in the following core budget(s): Administration - Substance Use Disorder and Mental Health

2a. Provide an activity measure(s) for the program.

Fidelity Reviews, Certification Reviews, and Billing Services Reviews Completed by Fiscal Year

Bar chart values by Fiscal Year:
- FY 2022: 57, 103, 103
- FY 2023: 51, 79, 109
- FY 2024: 60, 53, 107

Legend: ☐ Fidelity Reviews   ☐ Certification Reviews   ☐ Billing and Service Reviews (BSR)

NOTE: DBH administrative staff conduct periodic mandated or otherwise required reviews to ensure overall quality of service, accuracy in billing practice, and adherence to evidence based practices.

2b. Provide a measure(s) of the program's quality.

Overall Satisfaction With DBH Review Processes

Bar chart values by Fiscal Year:
- FY 2022: 97.65%, 97.27%, 96.47%
- FY 2023: 100.00%, 100.00%, 90.00%
- FY 2024: 96.20%, (none), 94.55%

Legend: ■ Billing & Services Review   ☐ Certification Review   ☐ Evidence-Based Review

NOTE: In FY 2024 certification review satisfaction surveys were not collected on exit. Certification review satisfaction surveys will be collected in FY 2025.
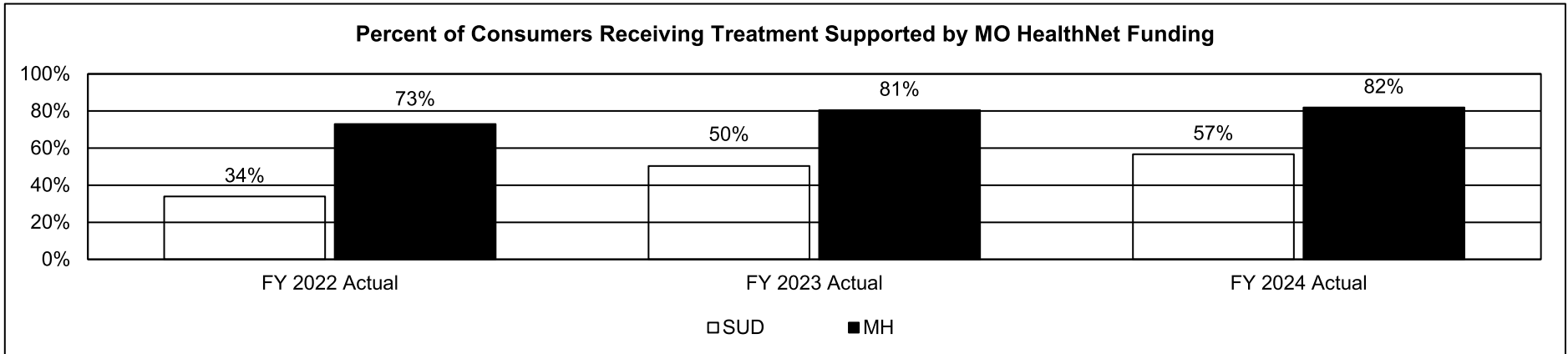
PROGRAM DESCRIPTION

Department:	Mental Health	AB Section(s):	10.100

Program Name: DBH Administration

Program is found in the following core budget(s): Administration - Substance Use Disorder and Mental Health

2c. Provide a measure(s) of the program's impact.

Administrative Staff to Program Funding			
	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
Total Revenue (in Millions)	$923.2	$942.9	$1,080.7
Amount Spent in Administration (in Millions)	$5.0	$5.2	$5.2
% of Administration to Total DBH Programs	0.54%	0.55%	0.48%

Note: While the Division's Administrative staff remains relatively steady, funding and oversight responsibilities continue to increase.
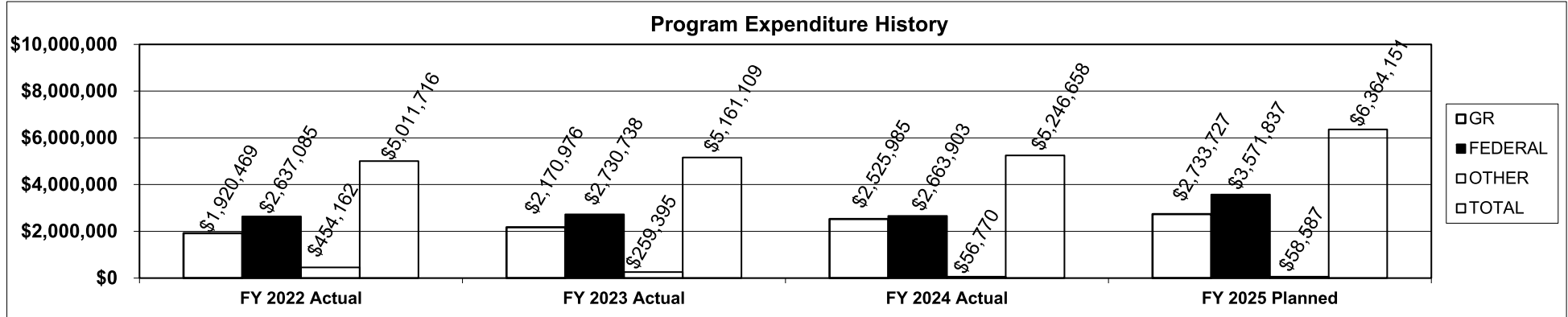
2d. Provide a measure(s) of the program's efficiency.

Percent of Consumers Receiving Treatment Supported by MO HealthNet Funding

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
SUD	34%	50%	57%
MH	73%	81%	82%

□ SUD   ■ MH

Note: This graph represents the proportion of consumers who have services paid for by MO HealthNet Division (MHD) in Missouri.
Significance: DBH continues to maximize state general revenue by ensuring each consumer's Medicaid eligibility is established in a timely manner and that Medicaid reimbursable services/programs are accessible. Substance Use Disorders = SUD and Mental Health = MH.

PROGRAM DESCRIPTION

Department:	**Mental Health**	AB Section(s): **10.100**

Program Name: DBH Administration

Program is found in the following core budget(s): Administration - Substance Use Disorder and Mental Health

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. *(Note: Amounts do not include fringe benefit costs.)*

Program Expenditure History

Legend: GR, FEDERAL, OTHER, TOTAL

FY 2022 Actual: $1,920,469 (GR); $2,637,085 (FEDERAL); $454,162 (OTHER); $5,011,716 (TOTAL)
FY 2023 Actual: $2,170,976 (GR); $2,730,738 (FEDERAL); $259,395 (OTHER); $5,161,109 (TOTAL)
FY 2024 Actual: $2,525,985 (GR); $2,663,903 (FEDERAL); $56,770 (OTHER); $5,246,658 (TOTAL)
FY 2025 Planned: $2,733,727 (GR); $3,571,837 (FEDERAL); $58,587 (OTHER); $6,364,151 (TOTAL)

4. What are the sources of the "Other " funds?
   Other includes Health Initiatives Fund (HIF) (0275)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)
   Sections 631.010, 632.010 and 313.842, RSMo.

6. Are there federal matching requirements? If yes, please explain.
   Yes. The federal Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant and the Community Mental Health Services (CMHS) Block Grant requires that the state maintain an aggregate level of general revenue spending that is greater than or equal to the average of the past two years. (This is called the "Maintenance of Effort," or MOE requirement).

7. Is this a federally mandated program? If yes, please explain.
   No. However, SUPTRS Block Grant and the CMHS Block Grant allow up to 5% be expended for administration.
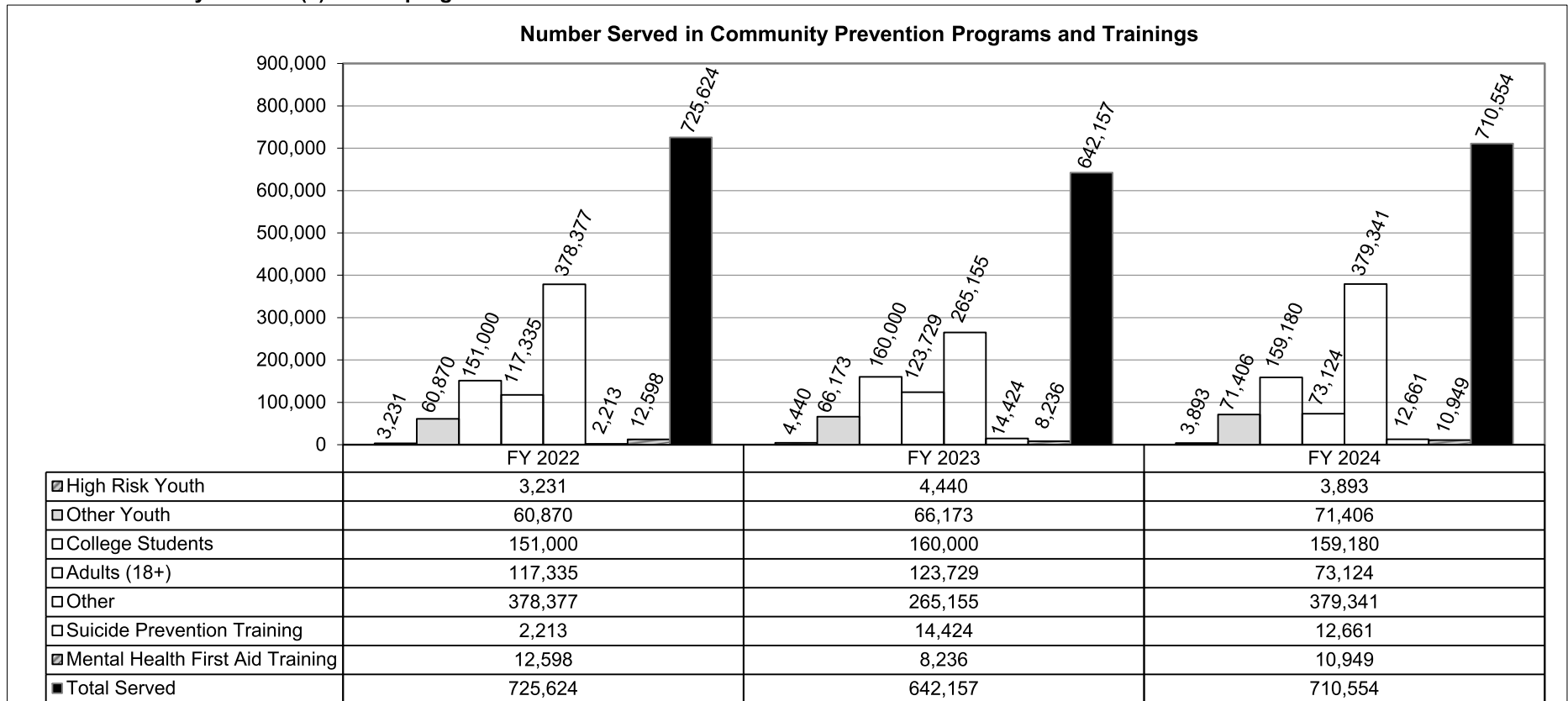
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PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.105

Program Name: DBH Prevention & Education Services

Program is found in the following core budget(s): Prevention & Education Services, Opioid Community Grants, MH Suicide Prevention, and Heartland Center

1a. What strategic priority does this program address?

Capacity and Infrastructure; Children's Services and Supports

1b. What does this program do?

Using evidence-based programs and strategies, community-based prevention programs provide interventions to children, families, and college students; training, technical assistance, and support for coalitions; evaluation, research, and data analysis; public education and social marketing, and information and referral services. Prevention Resource Centers provide training, technical assistance and support to more than 160 registered community coalitions across the state. College Campus-based programs are provided on 26 institutions of higher education campuses to reduce rates of harmful and dangerous drinking and other substances. Prevention Evaluation supports all prevention services by providing data to assess prevention needs and program effectiveness.

School-based Prevention Intervention and Resources Initiative (SPIRIT) is a specific program that delays the onset of substance use; decreases the use of substances; improves overall school performance; and, reduces incidents of violence. To achieve these goals, prevention agencies are paired with school districts to provide technical assistance in implementing evidence-based substance use prevention programming. SPIRIT is operated by four prevention agencies serving 12 school districts across the state, including Carthage R-IX, Knox Co. R-1, New Madrid Co. R-1, Ritenour, Shelby Co. R-IV, Macon, Kirksville, Caruthersville, North Andrew Co. R-VI, LaPlata R-II, South Pemiscot Co. R-V, and Scotland Co. R-I.

Suicide prevention efforts include implementing evidence-based suicide prevention initiatives, including the Zero Suicide framework, co-leading Missouri Suicide Prevention Network (MSPN), as well as oversight and implementation of federal grants. The Department of Mental Health (DMH) partners with key stakeholders to create and disseminate Missouri's Suicide Prevention Plan, hold annual suicide conference, and coordinate production/dissemination of educational materials.

In addition to school and community-based programming, Mental Health First Aid® (MHFA) is a course offered throughout Missouri that teaches participants how to identify, understand and respond to signs and symptoms of mental health and substance use concerns. The youth-focused MHFA course teaches family members, school staff, human services workers, and citizens how to help an adolescent who is experiencing a behavioral health challenge or crisis. Furthermore, DMH provides a wealth of statewide suicide prevention programming, training and public education to reduce the social stigma associated with mental health, substance use and suicide prevention.

Overdose prevention and harm reduction initiatives aim to reduce overdose fatalities through evidence-based strategies such as increased overdose education and naloxone distribution (OEND); fentanyl test strip distribution; access to medication assisted treatment (MAT); education on safer drug use; and the Good Samaritan Law. These initiatives focus on areas with the highest rates of drug use.

PROGRAM DESCRIPTION

Department:	Mental Health	AB Section(s): ___10.105___

Program Name: DBH Prevention & Education Services

Program is found in the following core budget(s): Prevention & Education Services, Opioid Community Grants, MH Suicide Prevention, and Heartland Center

2a. Provide an activity measure(s) for the program.

Number Served in Community Prevention Programs and Trainings

	FY 2022	FY 2023	FY 2024
▨ High Risk Youth	3,231	4,440	3,893
▢ Other Youth	60,870	66,173	71,406
▢ College Students	151,000	160,000	159,180
▢ Adults (18+)	117,335	123,729	73,124
▢ Other	378,377	265,155	379,341
▢ Suicide Prevention Training	2,213	14,424	12,661
▨ Mental Health First Aid Training	12,598	8,236	10,949
■ Total Served	725,624	642,157	710,554

Note: These numbers include individuals served in both virtual and direct face-to-face programs and do not include individuals exposed to prevention education via media spots. The consumer counts for FY 2022-FY 2024 may be duplicated due to virtual meetings. "Other" includes persons whose age was not collected at the time of the prevention program.

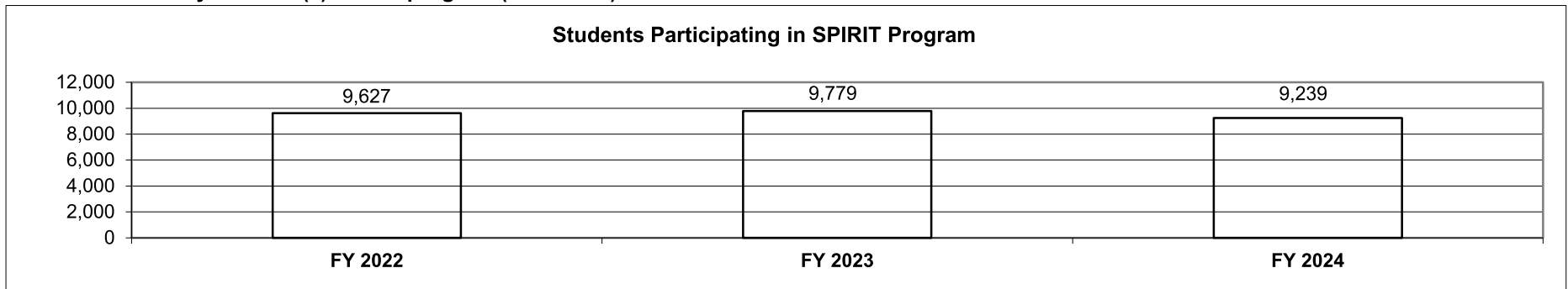*Target: Increase number served in community programs.*

PROGRAM DESCRIPTION

Department:	Mental Health	AB Section(s): 10.105

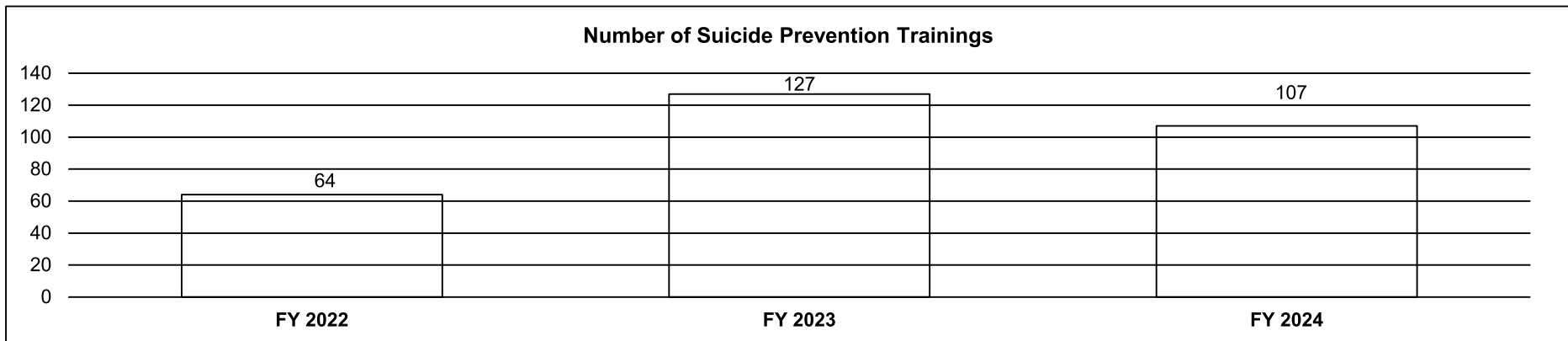**Program Name:**   DBH Prevention & Education Services

Program is found in the following core budget(s): Prevention & Education Services, Opioid Community Grants, MH Suicide Prevention, and Heartland Center

2a. Provide an activity measure(s) for the program (continued).

Students Participating in SPIRIT Program

Note: In FY 2024 there were fewer students at most of the participating school districts. This caused a decline in the number of students participating.

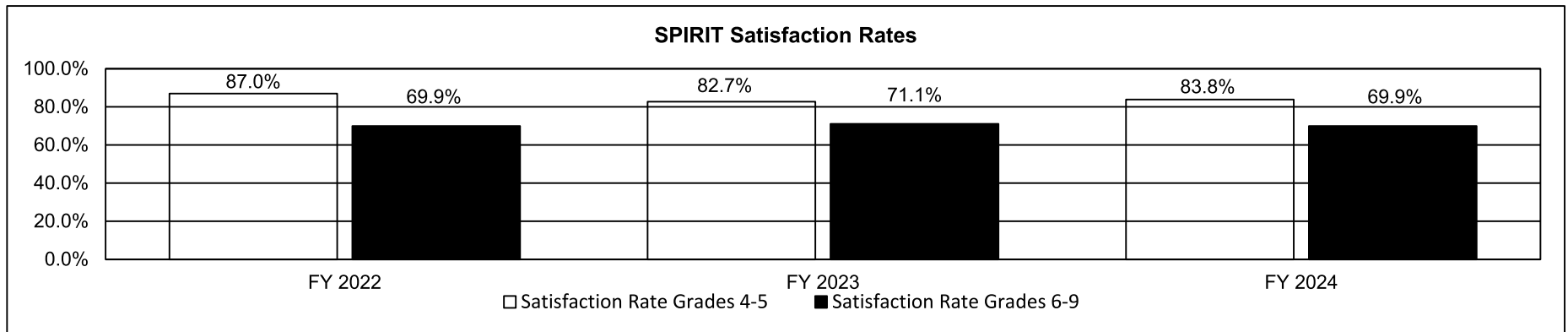*Target: Increase number of students participating in the SPIRIT Programs.*

Number of Suicide Prevention Trainings

Note: The counts above include all suicide prevention training courses sponsored or conducted by prevention services.

Target: Provide suicide prevention trainings in order to attempt to lower suicide rates.

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PROGRAM DESCRIPTION

Department:	Mental Health	AB Section(s): 10.105

Program Name: DBH Prevention & Education Services

Program is found in the following core budget(s): Prevention & Education Services, Opioid Community Grants, MH Suicide Prevention, and Heartland Center
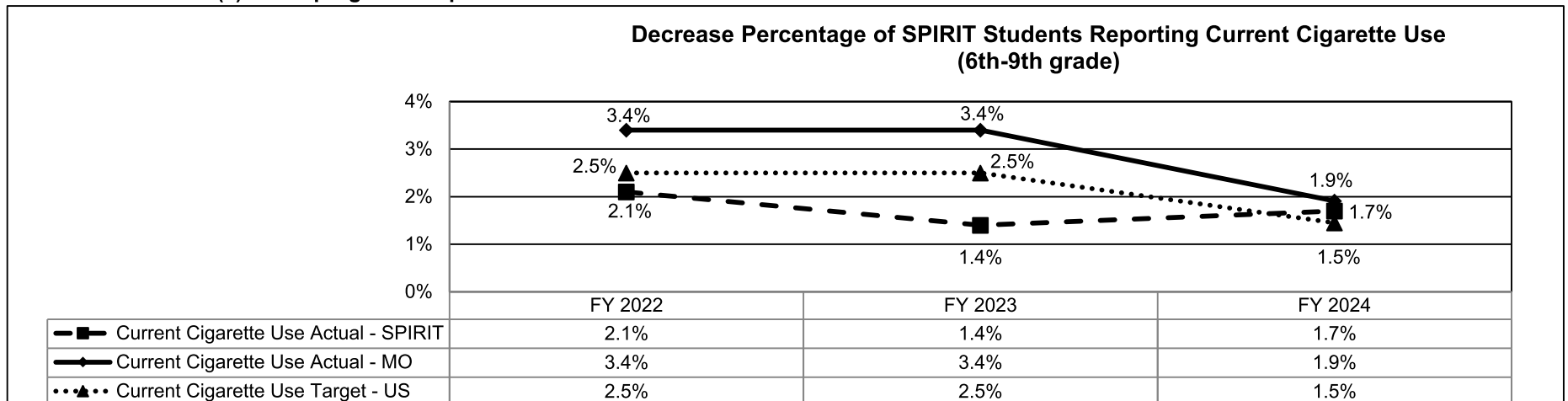
2b. Provide a measure(s) of the program's quality.

SPIRIT Satisfaction Rates

	FY 2022	FY 2023	FY 2024
Satisfaction Rate Grades 4-5	87.0%	82.7%	83.8%
Satisfaction Rate Grades 6-9	69.9%	71.1%	69.9%

Note: Some evidence-based programs do not include a satisfaction survey.

Target: Increased student satisfaction rates from students participating in the SPIRIT Programs. FY 2022, the 6th-9th grade rate only includes 6th-8th grade due to a reporting change in the annual SPIRIT report.

2c. Provide a measure(s) of the program's impact.

Decrease Percentage of SPIRIT Students Reporting Current Cigarette Use (6th-9th grade)

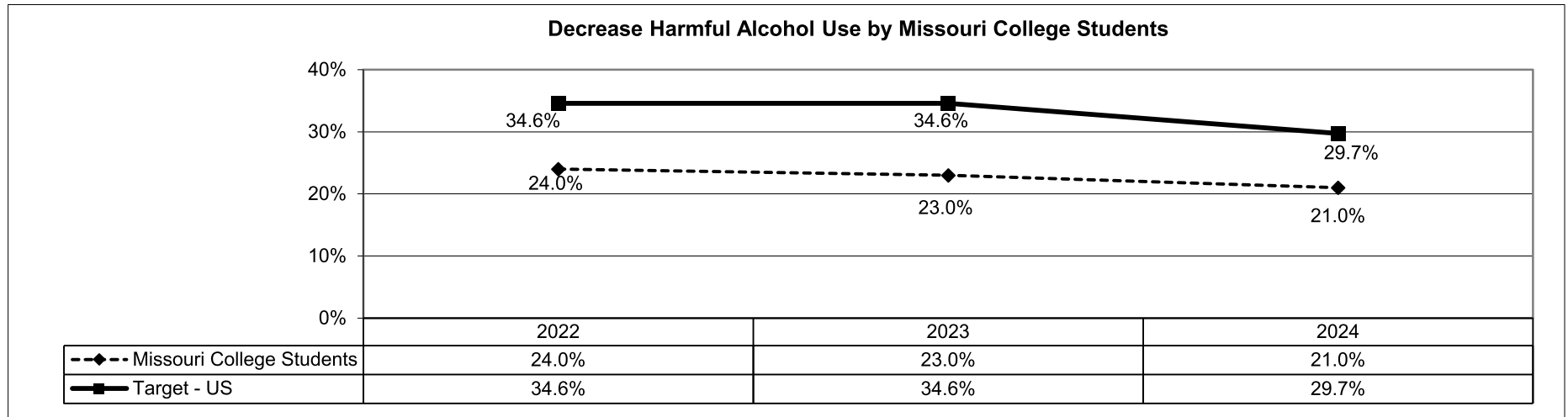|	FY 2022	FY 2023	FY 2024
Current Cigarette Use Actual - SPIRIT	2.1%	1.4%	1.7%
Current Cigarette Use Actual - MO	3.4%	3.4%	1.9%
Current Cigarette Use Target - US	2.5%	2.5%	1.5%

Note: *The National Survey on Drug Use and Health (NSDUH) data has not been updated since the 2021-2022 report. US Target is from Table 20 2021-2022 NSDUH data.*

Target: Decrease the percentage of SPIRIT students' cigarette use.

PROGRAM DESCRIPTION

Department:	Mental Health	AB Section(s): ___10.105___

Program Name: DBH Prevention & Education Services

Program is found in the following core budget(s): Prevention & Education Services, Opioid Community Grants, MH Suicide Prevention, and Heartland Center

2c. Provide a measure(s) of the program's impact.

Decrease Harmful Alcohol Use by Missouri College Students

	2022	2023	2024
Missouri College Students	24.0%	23.0%	21.0%
Target - US	34.6%	34.6%	29.7%

Note: Harmful use is defined as 5 or more drinks in a 2 hour period in the past 2 weeks. The data are available for calendar years. US College Student data lags two years behind Missouri College Student Data. US Target is from Table 16 2021-2022 NSDUH data.

Target: Harmful use among Missouri College Students to be below that for U.S. college students.

2d. Provide a measure(s) of the program's efficiency.

Societal Cost of Untreated Individuals with Substance Use Disorders (SUD) Compared to Cost to Prevent SUD
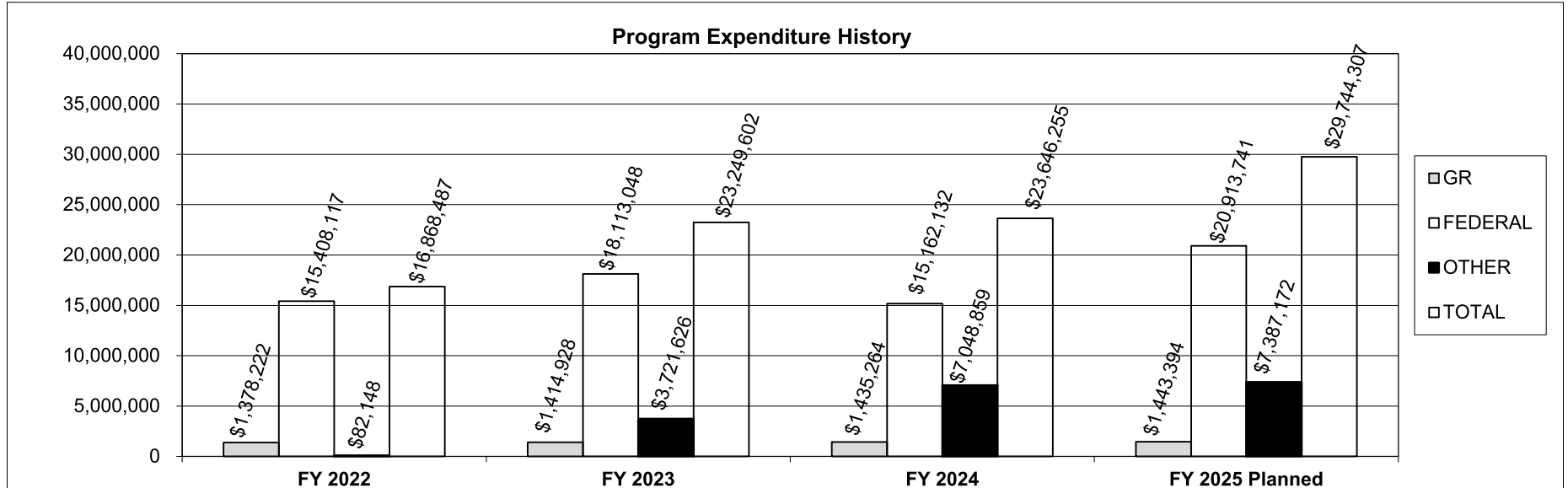
Est. Cost Burden of SUD Per Individual	Amount Spent to Prevent SUD Per Individual
$9,256	$33.28

Note: Societal cost determined from Missouri's portion of national estimates found in 2022 NSDUH.
Cost per individual is based on actual cost for FY 2024.

PROGRAM DESCRIPTION

Department:	Mental Health	AB Section(s): ___10.105___

Program Name: DBH Prevention & Education Services

Program is found in the following core budget(s): Prevention & Education Services, Opioid Community Grants, MH Suicide Prevention, and Heartland Center

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. *(Note: Amounts do not include fringe benefit costs.)*

Program Expenditure History

Legend: □ GR □ FEDERAL ■ OTHER □ TOTAL

FY 2022:
- GR: $1,378,222
- FEDERAL: $15,408,117
- OTHER: $82,148
- TOTAL: $16,868,487

FY 2023:
- GR: $1,414,928
- FEDERAL: $18,113,048
- OTHER: $3,721,626
- TOTAL: $23,249,602

FY 2024:
- GR: $1,435,264
- FEDERAL: $15,162,132
- OTHER: $7,048,859
- TOTAL: $23,646,255

FY 2025 Planned:
- GR: $1,443,394
- FEDERAL: $20,913,741
- OTHER: $7,387,172
- TOTAL: $29,744,307

4. What are the sources of the "Other " funds?

Other funds for FY 2025 include Health Initiatives Fund (HIF) (0275), Opioid Treatment and Recovery Fund (OTRF) (0705), and Mental Health Earnings Fund (MHEF) (0288).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Section 631.010, RSMo.

6. Are there federal matching requirements? If yes, please explain.

The federal Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant and the Community Mental Health Services (CMHS) Block Grant require that the state maintain an aggregate level of general revenue spending for treatment and prevention that is greater than or equal to the average of the past two years. (This is called the "Maintenance of Effort," or MOE, requirement).

7. Is this a federally mandated program? If yes, please explain.

No. However, the SUPTRS Block Grant requires that at least 20% be expended for prevention activities.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): <u>10.110</u>
Program Name: DBH Recovery Support Services	
Program is found in the following core budget(s): Recovery Support Services	

1a. What strategic priority does this program address?

Mental Well-being; Independence Self-Sufficiency

1b. What does this program do?

Research has shown that from the time of addiction onset, it takes approximately 15 years for the average recovering United States person to reach the same quality of life and functioning as someone in the general population. However, research has also found that individuals who participated in ongoing recovery support services, were able to reach the same level of quality of life as the general population in only 5 years. Recovery Support Services (RSS) are peer and community-based services available before, during, and after clinical treatment, or may be the sole source of recovery assistance for some individuals. Services include care coordination, recovery coaching, spiritual counseling, group support, recovery housing, and transportation. RSS can stand alone or complement substance use disorder (SUD) clinical treatment programs by expanding access to an array of supportive services that include employment assistance and housing.

The Division of Behavioral Health (DBH) collaborates with the Missouri Coalition of Recovery Support Providers (MCRSP), a network of faith-based, peer, and community organizations, that restore and rebuild lives and families seeking recovery from substance use disorders. DBH contracts with 60 RSS providers to provide these services. These community programs focus on a range of issues, including symptom reduction/management, criminal justice involvement, diversion from inappropriate settings, stable housing, and employment supports. Unstable housing is one of the biggest barriers to recovering from substance use disorders. Currently, the MCRSP accredits 220 recovery houses (2,541 beds) using national standards from the National Alliance for Recovery Residences.

Recovery Community Centers (RCCs), a type of RSS, are independent, non-profit organizations that provide a peer-based supportive community that builds hope and promotes healthy behaviors for individuals with substance use disorders and their families. They help individuals initiate and sustain recovery over time by providing supportive relationships, advocacy training, recovery information, peer-support, social activities, and connection to treatment and other community-based services.

RSS also benefits individuals transitioning from prison or jail. In the first month after release, individuals are 13-times more likely to die due to drug overdoses related to the inability to access medical services, stable housing, and other issues. Studies show that individuals who do not engage in treatment while in prison and RSS after release return to prison at a much higher rate.
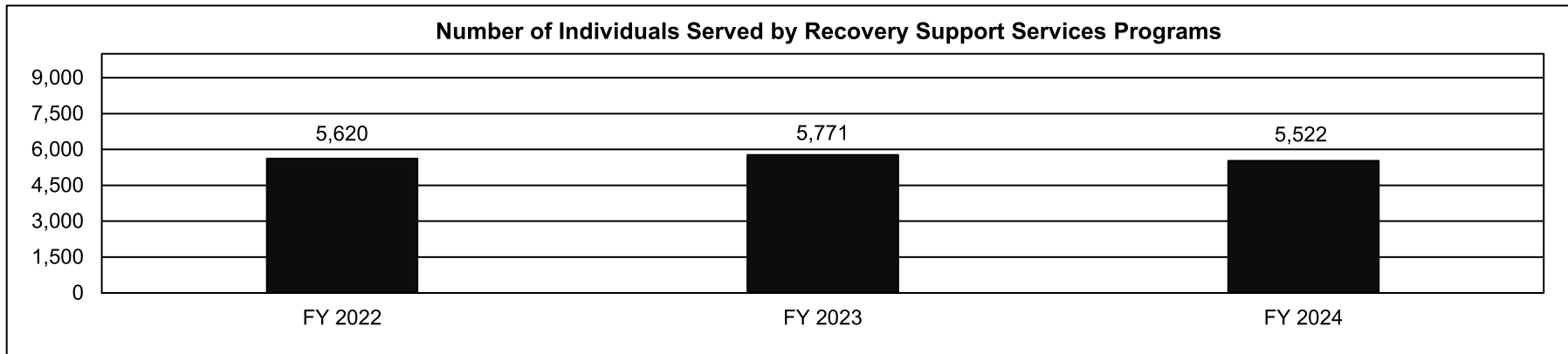
PROGRAM DESCRIPTION

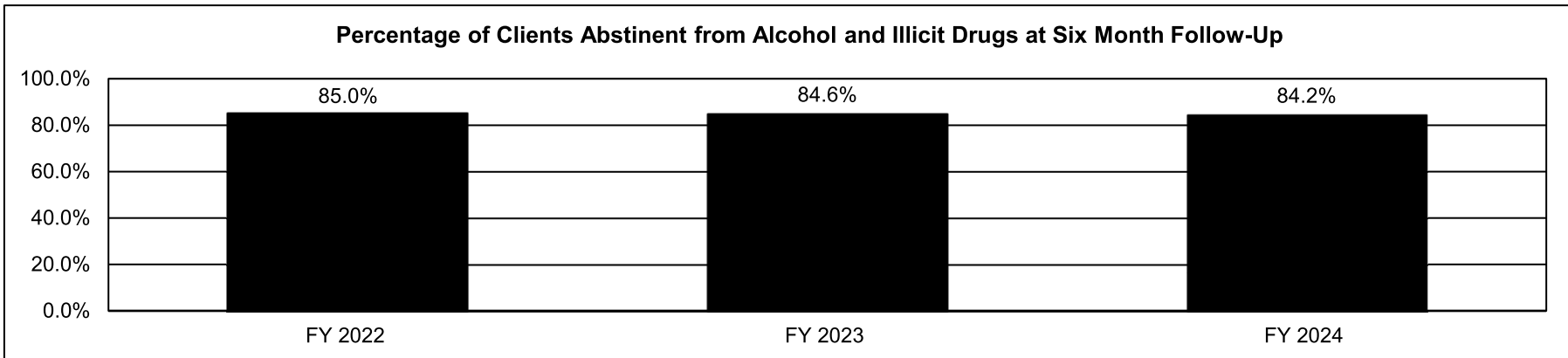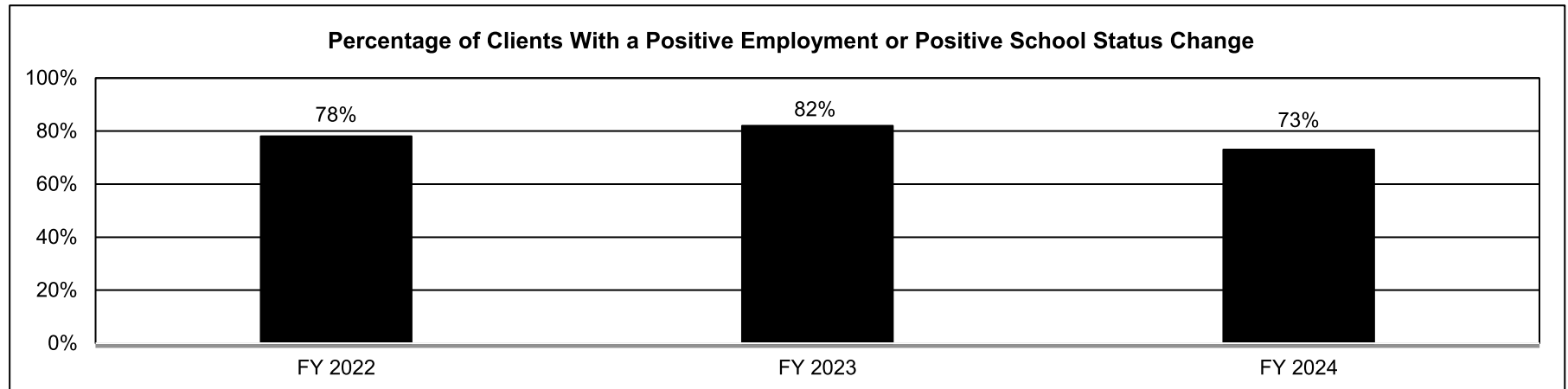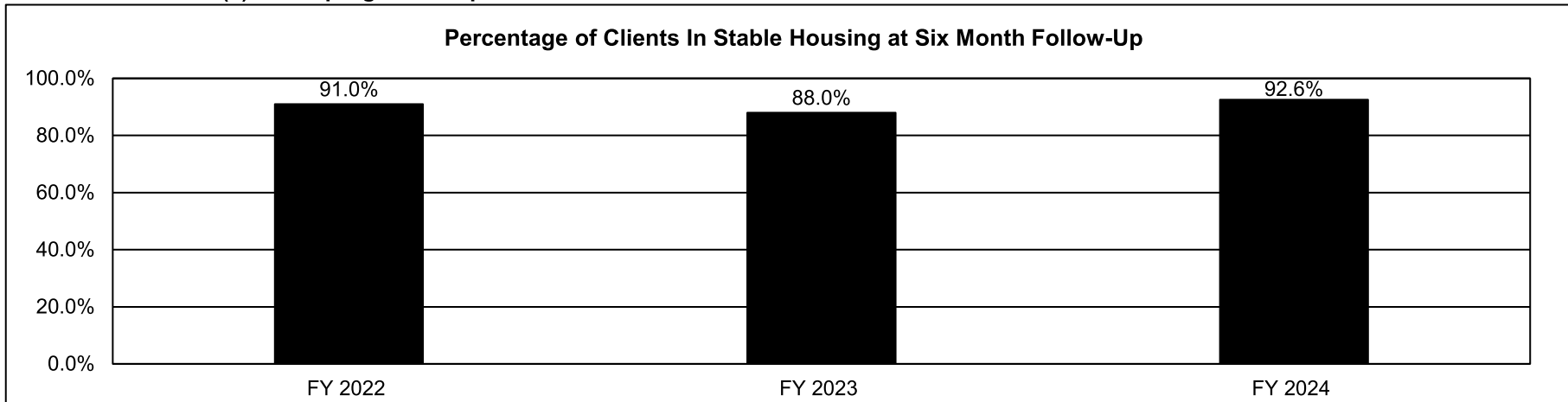|	
Department: Mental Health	AB Section(s): 10.110
Program Name: DBH Recovery Support Services	
Program is found in the following core budget(s): Recovery Support Services	

2a. Provide an activity measure(s) for the program.

Number of Individuals Served by Recovery Support Services Programs

	FY 2022	FY 2023	FY 2024
	5,620	5,771	5,522

2b. Provide a measure(s) of the program's quality.

Percentage of Clients Abstinent from Alcohol and Illicit Drugs at Six Month Follow-Up

	FY 2022	FY 2023	FY 2024
	85.0%	84.6%	84.2%

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.110

Program Name: DBH Recovery Support Services

Program is found in the following core budget(s): Recovery Support Services

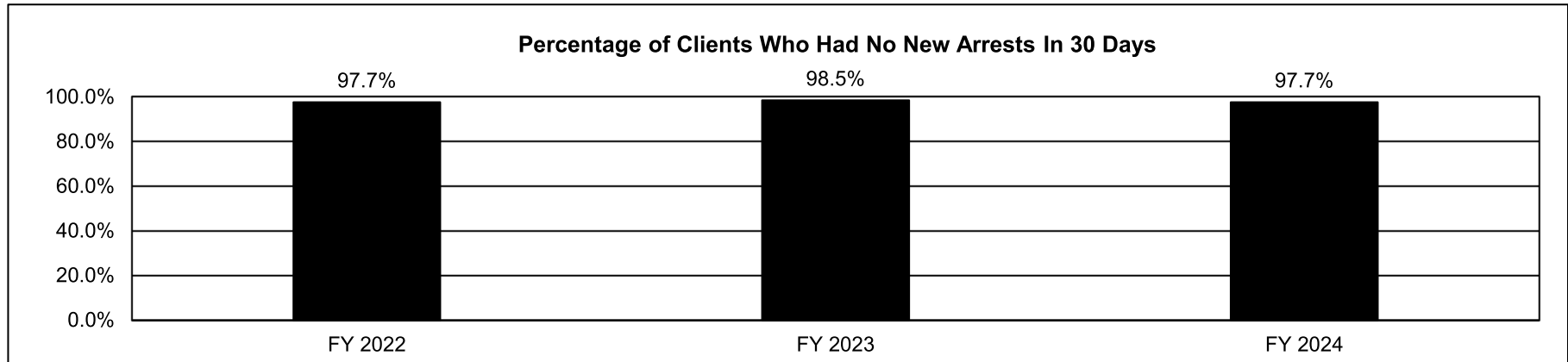**2c. Provide a measure(s) of the program's impact.**

Percentage of Clients In Stable Housing at Six Month Follow-Up

	FY 2022	FY 2023	FY 2024
	91.0%	88.0%	92.6%

Percentage of Clients With a Positive Employment or Positive School Status Change

	FY 2022	FY 2023	FY 2024
	78%	82%	73%

Note: About three in every four clients who experienced a change in employment or education status moved in a positive direction. This is a relatively small population and this data is recognized as a normal variation.
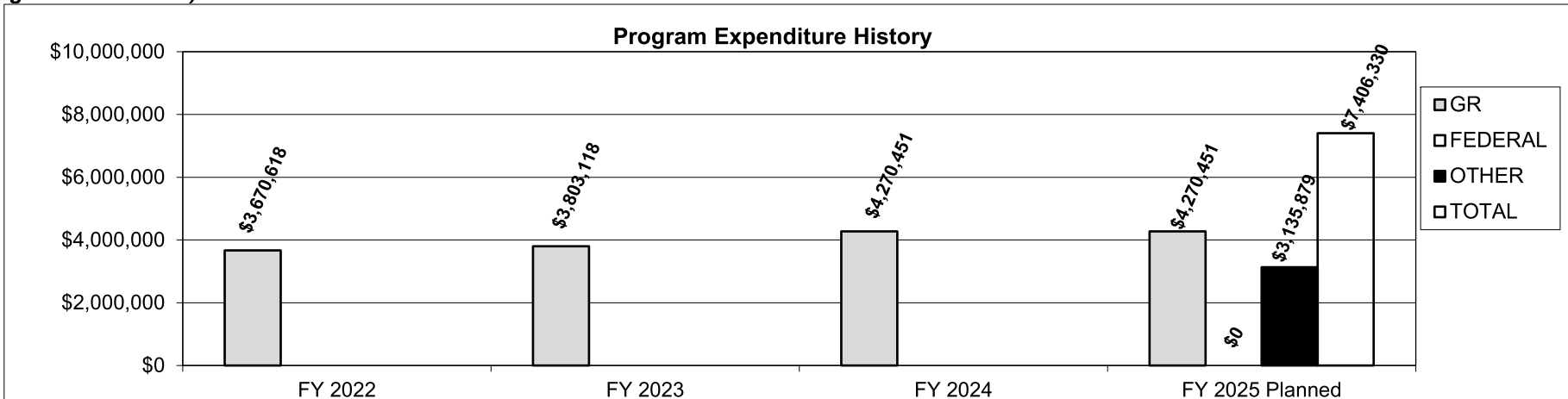
PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): <u>10.110</u>
Program Name: DBH Recovery Support Services	
Program is found in the following core budget(s): Recovery Support Services	

2d.   Provide a measure(s) of the program's efficiency.

Percentage of Clients Who Had No New Arrests In 30 Days

- FY 2022: 97.7%
- FY 2023: 98.5%
- FY 2024: 97.7%

3.   Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. *(Note: Amounts do not include fringe benefit costs.)*

Program Expenditure History

- FY 2022: $3,670,618
- FY 2023: $3,803,118
- FY 2024: $4,270,451
- FY 2025 Planned: GR $4,270,451; FEDERAL $0; OTHER $3,135,879; TOTAL $7,406,330

Legend: GR, FEDERAL, OTHER, TOTAL

Note: This House Bill section was newly created in FY 2025.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.110

Program Name: DBH Recovery Support Services

Program is found in the following core budget(s): Recovery Support Services

4. **What are the sources of the "Other " funds?**
    Opioid Treatment and Recovery Fund (OTRF) (0705).

5. **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**
    Sections 631.010, 191.831, 632.010, 632.050, 632.055, and 630.405 - 630.460 RSMo.

6. **Are there federal matching requirements? If yes, please explain.**
    Yes. The federal Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant requires that the state maintain an aggregate level of general revenue spending for substance use disorders that is greater than or equal to the average of the past two years. (This is called the "Maintenance of Effort," or MOE, requirement).

7. **Is this a federally mandated program? If yes, please explain.**
    No, but the SUPTRS Block Grant strongly encourages State's investment in recovery services.

Department: Mental Health	AB Section(s): 10.115

Program Name: Division of Behavioral Health Community Treatment

Program is found in the following core budget(s): 988 Cooperative Grant, FQHC Mental Health Services, Mental Health, Substance Use Disorder, and Youth Community Programs

1a. What strategic priority does this program address?

Capacity and Infrastructure; Mental Well-being

1b. What does this program do?

Programs that address substance use disorders and mental illness are administered by the Division of Behavioral Health (DBH) contracted treatment providers. These community programs focus on a range of issues, including symptom reduction/management; co-morbid health conditions (healthcare homes); criminal justice involvement; diversion from inappropriate settings; and employment supports. Unstable housing is one of the biggest barriers to recovering from a mental illness and/or substance use disorder. A variety of supported housing options offer the least restrictive environment to individuals who are at various points in the management of their chronic conditions.

Community Psychiatric Rehabilitation (CPR) agencies serve youth with serious emotional disturbance (SED) and/or adults with serious mental illnesses (SMI) who often have co-morbid behavioral and medical conditions, prioritizing individuals who are referred via the following scenarios: discharged from state hospitals, committed by courts in forensic status; under probation and parole supervision; that are Medicaid eligible; and/or, in crisis. CPR programs provide comprehensive treatment including residential and community-based support systems, delivering evidence-based, cost-effective behavioral health rehabilitative services.

Adult and youth Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs are designed to provide a full array of individualized treatment services with the aim of reducing the negative impacts of substance use disorders (SUD) to individuals, family members, and the community. CSTAR services increase individuals' abilities to successfully manage chronic SUDs, and features care that varies in duration and intensity. Priority populations include pregnant women, individuals who inject drugs, those with Medicaid, and other high risk populations identified through collaborations with stakeholders.
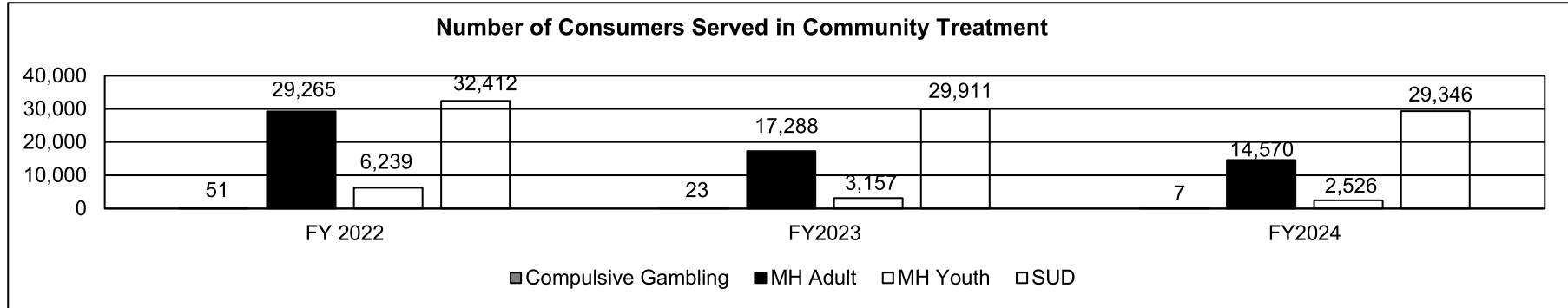
PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.115
Program Name: Division of Behavioral Health Community Treatment	
Program is found in the following core budget(s): 988 Cooperative Grant, FQHC Mental Health Services, Mental Health, Substance Use Disorder, and Youth Community Programs	

1b. What does this program do? (continued)

As part of the federal response to the opioid crisis that has resulted in the deaths of hundreds of thousands of Americans, federal grants have been awarded to states since 2017. New to the 2020 funding was the opportunity to serve individuals with stimulant use disorder. State Opioid Response (SOR) funds are utilized to increase public awareness; enhance physician knowledge of Opioid Use Disorder (OUD); increase the number of providers able to treat the disorder; expand treatment for OUDs in publicly funded primary care centers; train emergency responders and other citizens in the use of naloxone for overdose reversal; promote the use of peer supports in recovery; make emergency housing available; and support four recovery community centers to provide assistance to those seeking recovery.

Crisis services should encompass a full continuum and be imbedded throughout community treatment programming. This continuum includes Emergency Room Enhancement (ERE); Community Behavioral Health Liaisons (CBHL)/Youth Behavioral Health Liaisons (YBHL) programs; Crisis Intervention Team (CIT) program; Behavioral Health Crisis Centers (BHCCs); the 988 initiative; mobile crisis response; and, Engaging Patients in Care Coordination (EPICC) program.

These programs are designed to:
• prevent high utilization of or repeated emergency department use;
• form better community partnerships between DBH contracted providers, law enforcement, jails, and courts;
• divert individuals from the criminal justice system;
• promote effective interactions between local law enforcement/first responders and individuals in crisis;
• provide short-term centers that triage, assess, and provide immediate care to individuals experiencing a behavioral health crisis; and
• encourage clients' engagement with community treatment providers through intensive outreach.
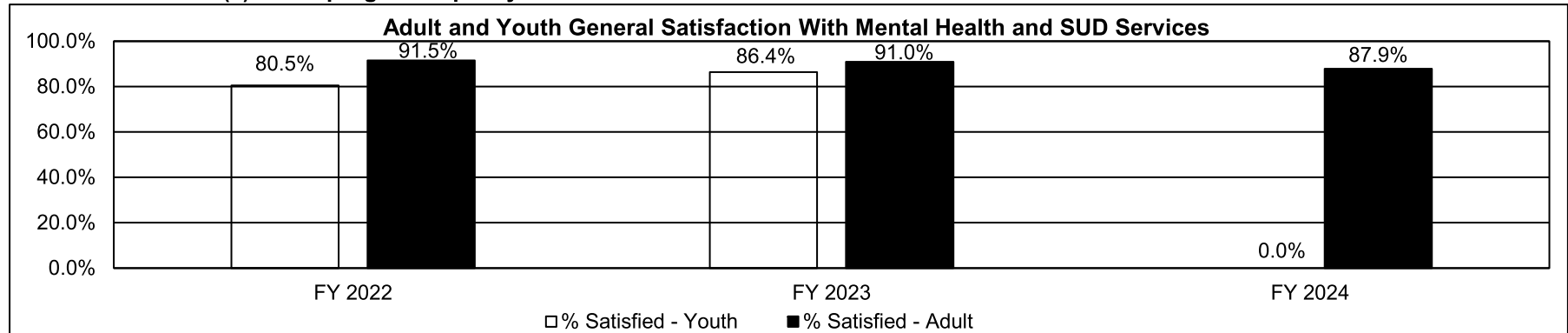
PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.115

Program Name: Division of Behavioral Health Community Treatment

Program is found in the following core budget(s): 988 Cooperative Grant, FQHC Mental Health Services, Mental Health, Substance Use Disorder, and Youth Community Programs

2a. Provide an activity measure(s) for the program.

Number of Consumers Served in Community Treatment

Bar chart data:
- FY 2022: Compulsive Gambling 51; MH Adult 29,265; MH Youth 6,239; SUD 32,412
- FY2023: Compulsive Gambling 23; MH Adult 17,288; MH Youth 3,157; SUD 29,911
- FY2024: Compulsive Gambling 7; MH Adult 14,570; MH Youth 2,526; SUD 29,346

Legend: ▣ Compulsive Gambling ■ MH Adult ☐ MH Youth ☐ SUD

Note: Data shows the number of consumers served in each fiscal year in DBH fee-for-service funded services. Data excludes the Medicaid expansion population and other programs that are paid by fund sources outside of the Department of Mental Health (DMH) budget.

2b. Provide a measure(s) of the program's quality.

Adult and Youth General Satisfaction With Mental Health and SUD Services

Bar chart data:
- FY 2022: % Satisfied - Youth 80.5%; % Satisfied - Adult 91.5%
- FY 2023: % Satisfied - Youth 86.4%; % Satisfied - Adult 91.0%
- FY 2024: % Satisfied - Youth 0.0%; % Satisfied - Adult 87.9%

Legend: ☐ % Satisfied - Youth ■ % Satisfied - Adult

Note: The columns in the chart above show the percentage of youth and adults who are generally satisfied with Mental Health (MH) and SUD services that were served by non-CCBHO providers. Youth surveys were not completed in FY 2024.
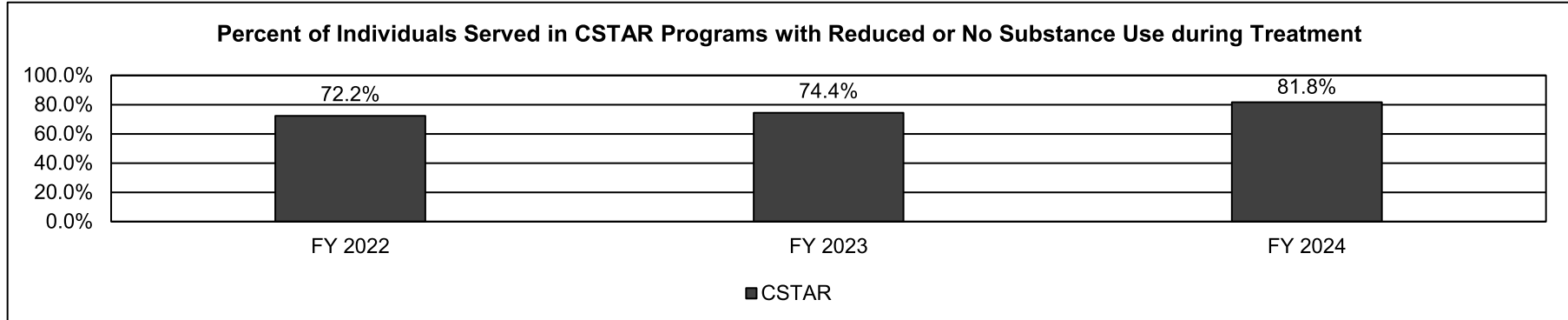
PROGRAM DESCRIPTION

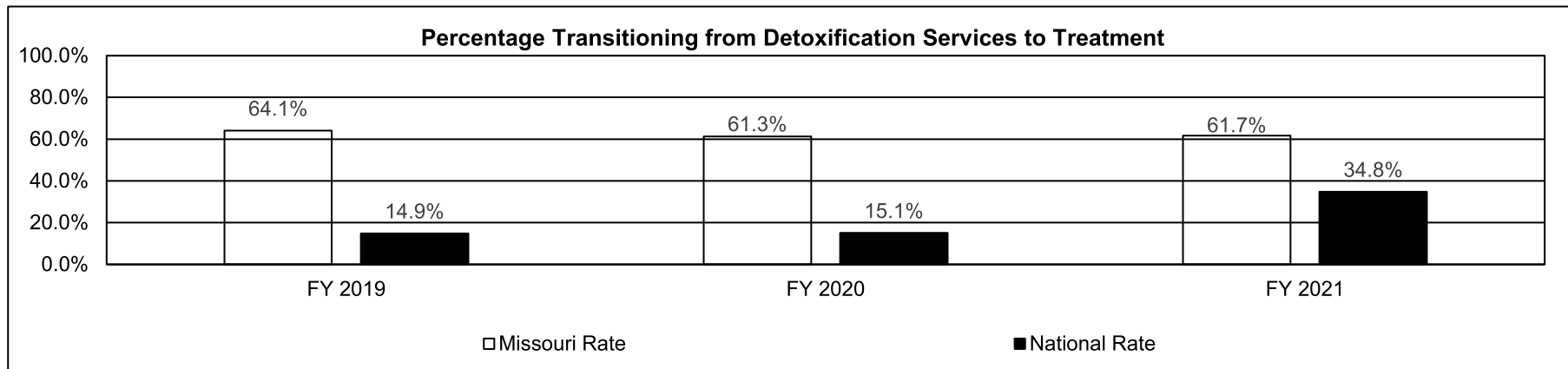| Department: Mental Health	AB Section(s): **10.115**

Program Name: Division of Behavioral Health Community Treatment

Program is found in the following core budget(s): 988 Cooperative Grant, FQHC Mental Health Services, Mental Health, Substance Use Disorder, and Youth Community Programs

2c. Provide a measure(s) of the program's impact.

Percent of Individuals Served in CSTAR Programs with Reduced or No Substance Use during Treatment

FY 2022	FY 2023	FY 2024
72.2%	74.4%	81.8%

■CSTAR

Note: About three in every four individuals reported reduced or no use of substances during treatment.

Percentage Transitioning from Detoxification Services to Treatment

	FY 2019	FY 2020	FY 2021
Missouri Rate	64.1%	61.3%	61.7%
National Rate	14.9%	15.1%	34.8%

□Missouri Rate   ■National Rate

Data Source: Substance Abuse and Mental Health Services Administration. (2023). Treatment Episode Data Set 2021: Annual Detailed Tables. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/.

PROGRAM DESCRIPTION
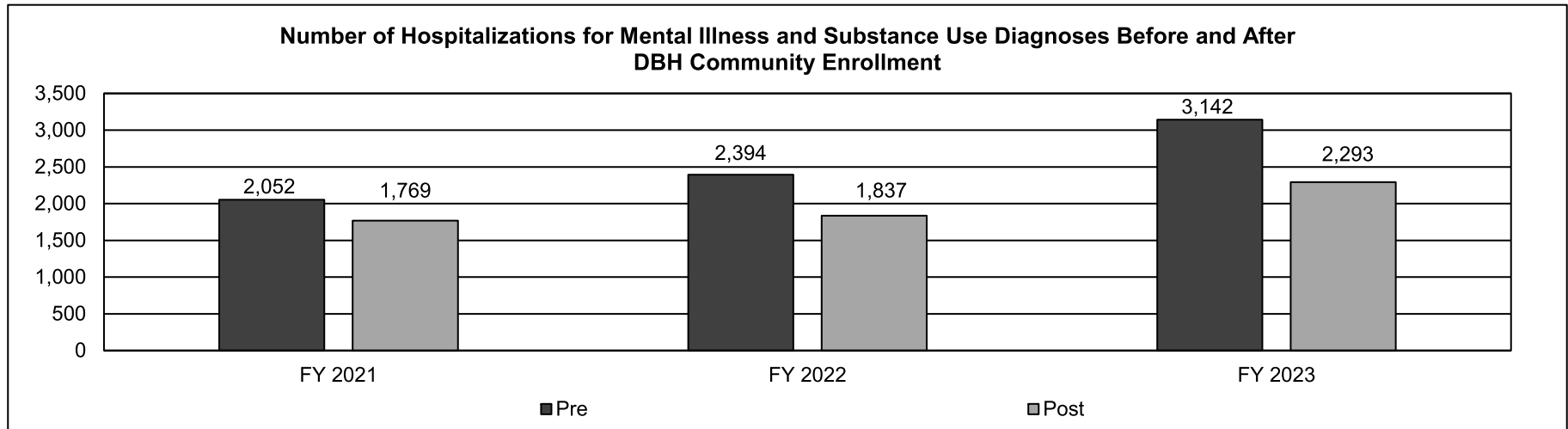
Department: Mental Health	AB Section(s): **10.115**

Program Name: Division of Behavioral Health Community Treatment

Program is found in the following core budget(s): 988 Cooperative Grant, FQHC Mental Health Services, Mental Health, Substance Use Disorder, and Youth Community Programs

2d. Provide a measure(s) of the program's efficiency.

Number of Hospitalizations for Mental Illness and Substance Use Diagnoses Before and After DBH Community Enrollment

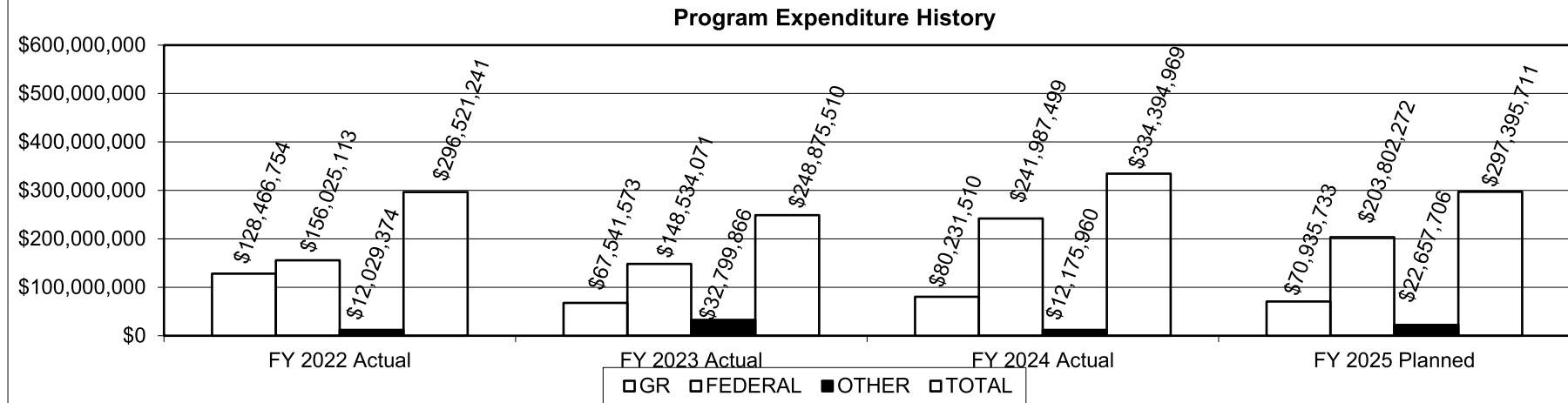| FY	Pre	Post
FY 2021	2,052	1,769
FY 2022	2,394	1,837
FY 2023	3,142	2,293

■ Pre   ■ Post

Note: The data above includes new admissions only as defined by a new episode of care for a person without a previous episode of care within six months of admission. Since the data requires a 12-month period for the post evaluation, FY 2024 data is not yet available.

Significance: After enrollment in MH services, data shows that consumers were 27% less likely to be hospitalized during FY 2023.

PROGRAM DESCRIPTION

Department: **Mental Health**	AB Section(s): **10.115**

Program Name: Division of Behavioral Health Community Treatment

Program is found in the following core budget(s): 988 Cooperative Grant, FQHC Mental Health Services, Mental Health, Substance Use Disorder, and Youth Community Programs

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. *(Note: Amounts do not include fringe benefit costs.)*

Program Expenditure History

Bar chart showing Program Expenditure History with legend: GR, FEDERAL, OTHER, TOTAL

FY 2022 Actual: $128,466,754; $156,025,113; $12,029,374; $296,521,241

FY 2023 Actual: $67,541,573; $148,534,071; $32,799,866; $248,875,510

FY 2024 Actual: $80,231,510; $241,987,499; $12,175,960; $334,394,969

FY 2025 Planned: $70,935,733; $203,802,272; $22,657,706; $297,395,711

4. What are the sources of the "Other " funds?

Other includes Compulsive Gamblers Fund (CGF) (0249), Health Initiatives Fund (HIF) (0275), Mental Health Local Tax Match Fund (MHLTMF) (0930), Inmate Revolving Fund (IRF) (0540), Opioid Treatment and Recovery Fund (OTRF) (0705), and Mental Health Interagency Payment Fund (MHIPF) (0109).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 631.010, 191.831, 632.010.1, 632.010.2(1), 632.050, 632.055, and 630.405 - 630.460 RSMo.

6. Are there federal matching requirements? If yes, please explain.

Yes. The federal Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS) and the Community Mental Health Services (CMHS) Block Grant requires that the state maintain an aggregate level of general revenue spending for substance use disorders that is greater than or equal to the average of the past two years. (This is called the "Maintenance of Effort," or MOE, requirement). The CMHS Block Grant requires at least 5% be spent on crisis services.

7. Is this a federally mandated program? If yes, please explain.

Yes. The federal SUPTRS Block Grant requires provision of specialized programs for women and children. Also, the Americans with Disability Act (Supreme Court Ruling in Olmstead vs. LC, 1999) requires states to identify institutional residents who could live in integrated community settings.

PROGRAM DESCRIPTION

Department: Mental Health	**HB Section(s):** 10.115
Program Name: Forensic Support Services	
Program is found in the following core budget(s): Mental Health Community Programs	

1a. What strategic priority does this program address?

Capacity and Infrastructure

1b. What does this program do?

The Department of Mental Health (DMH) is statutorily mandated to monitor forensic clients acquitted as not guilty by reason of mental disease or defect (formerly known as "Not Guilty by Reason of Insanity" or "NGRI") who are granted a conditional release to the community by the court and those committed as sexually violent predators. Monitoring is a public safety function that is provided by Forensic Case Monitors under the direction of the Director of Forensic Services and the facility Forensic Review Committee. There are 13 Forensic Case Monitors located across the state who oversee 361 clients on court-ordered conditional release statewide.

Forensic Case Monitors review the case of each client on conditional release at least monthly, to determine compliance with court-ordered conditions of release and to ensure that forensic clients are receiving treatment consistent with their needs and the goal of public safety. If the Forensic Case Monitor determines the client has violated court-ordered conditions or needs inpatient psychiatric treatment, the client may be voluntarily admitted back to the state facility or the Director of Forensic Services may issue an order returning the client to inpatient treatment and initiate proceedings to revoke the conditional release. The Forensic Case Monitors must also testify at court proceedings and revocation hearings and must educate community providers about forensic and public safety issues.

DMH, upon order of the Circuit Court, provides pretrial evaluations on issues of competency to stand trial and criminal responsibility. DMH requires that evaluations be completed by Certified Forensic Examiners who must hold doctorate degrees in medicine, osteopathy or psychology and who must complete required supervision and training.

PROGRAM DESCRIPTION

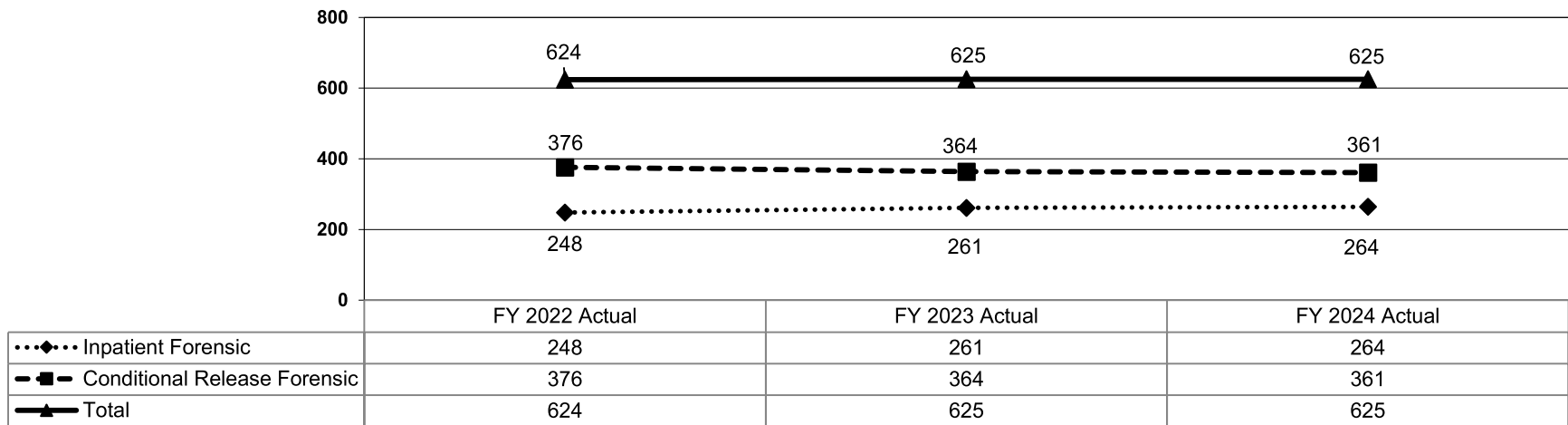|	
Department: Mental Health	**HB Section(s):** 10.115
Program Name: Forensic Support Services	
Program is found in the following core budget(s): Mental Health Community Programs	

2a. Provide an activity measure(s) for the program.

Clients Served as of June 30th

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
Inpatient Forensic	248	261	264
Conditional Release Forensic	376	364	361
Total	624	625	625

Note: Forensic clients represented in this graph are only those clients who were committed to the Department as Not Guilty by Reason of Mental Disease or Defect (NGRI).

Significance: The Division is successfully monitoring NGRI clients in the community versus a hospital setting.

2b. Provide a measure(s) of the program's quality.

Not applicable.

PROGRAM DESCRIPTION

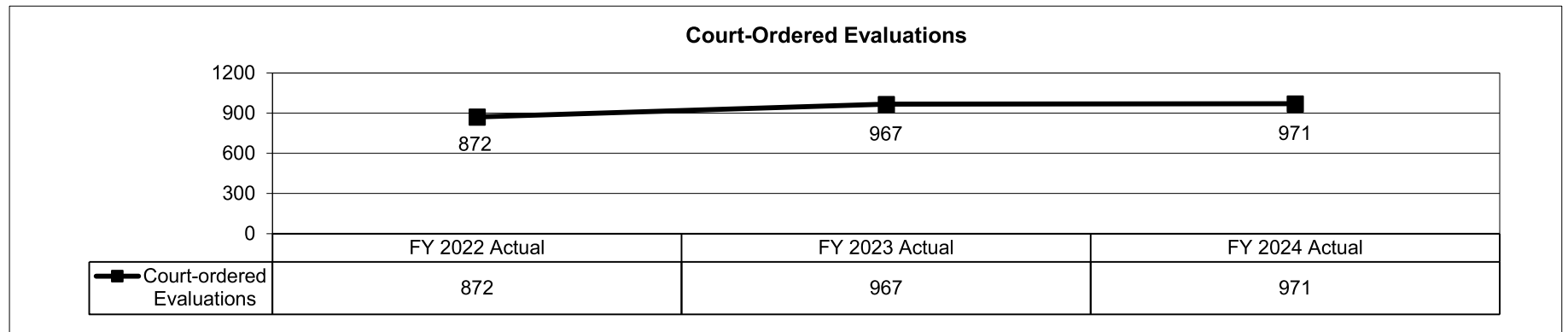| Department:	Mental Health	HB Section(s):	10.115

Program Name: Forensic Support Services

Program is found in the following core budget(s): Mental Health Community Programs

2c. Provide a measure(s) of the program's impact.

Percentage of Clients Maintained on Conditional Release (CR)			
	Number of Clients on CR	**Number Maintained on CR**	**Percentage Maintained on CR**
FY 2020	417	385	92.3%
FY 2021	396	364	91.9%
FY 2022	376	355	94.4%

NOTE: The number of clients on CR only includes those active on June 30th of each FY. The number of clients maintained is the number of Clients on CR who remained active on conditional release a year later. Due to this, the data is reported for past fiscal years. Data collection including FY 2023 follow up data is being collected currently and will be available in the Spring of 2025.

2d. Provide a measure(s) of the program's efficiency.

Court-Ordered Evaluations

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
Court-ordered Evaluations	872	967	971

Note: No target available since it's based on court referrals.

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PROGRAM DESCRIPTION

Department:	Mental Health	HB Section(s):	10.115

Program Name: Forensic Support Services

Program is found in the following core budget(s): Mental Health Community Programs

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. *(Note: Amounts do not include fringe benefit costs.)*

Program Expenditure History

Bar chart showing Program Expenditure History with values in dollars:

- FY 2022 Actual: GR $816,835; FEDERAL $46,428; OTHER $0; TOTAL $863,263
- FY 2023 Actual: GR $875,917; FEDERAL $49,978; OTHER $0; TOTAL $925,895
- FY 2024 Actual: GR $981,514; FEDERAL $65,148; OTHER $0; TOTAL $1,046,662
- FY 2025 Planned: GR $711,514; FEDERAL $65,148; OTHER $0; TOTAL $776,662

Legend: GR, FEDERAL, OTHER, TOTAL
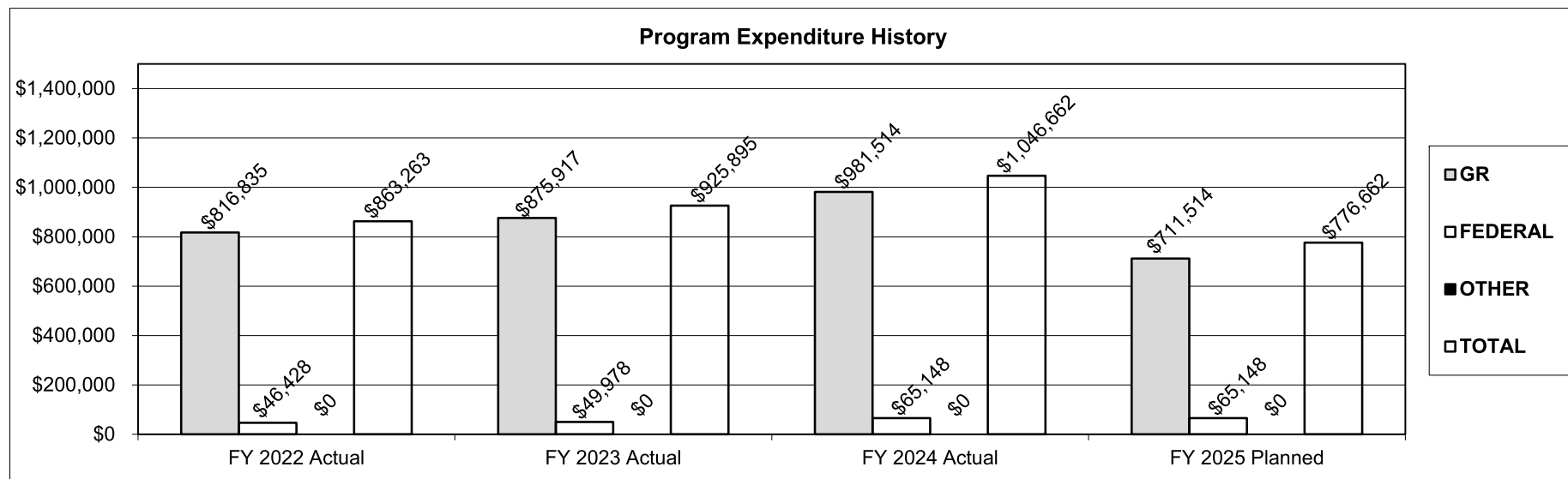
4. **What are the sources of the "Other " funds?**

   None.

5. **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

   Chapter 552, RSMo.

6. **Are there federal matching requirements? If yes, please explain.**

   The federal Community Mental Health Services (CMHS) Block Grant requires that the state maintain an aggregate level of general revenue spending for mental health services that is greater than or equal to the average of the past two years. (This is called the "Maintenance of Effort," or MOE, requirement).

7. **Is this a federally mandated program? If yes, please explain.**

   No.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.115
Program Name: Substance Awareness Traffic Offender Program (SATOP)	
Program is found in the following core budget(s): Substance Use Disorder Community Treatment	

1a. What strategic priority does this program address?
Quality Outcomes

1b. What does this program do?
The Substance Awareness Traffic Offender Program (SATOP) is a statewide system of comprehensive, accessible, community-based education and treatment programs designed for individuals who have pled guilty or were found guilty of an impaired driving offense with administrative action. SATOP is also required for offenses for individuals under the age of 21, charged as a Minor in Possession, an Abuse and Lose, or Zero Tolerance offense. The goal of the program is to eliminate future incidents of substance impaired driving through screening/assessment, proper program placement, and providing early intervention education and recovery-based individualized treatment services.

Completion of a SATOP is a statutory condition of license reinstatement. The program incorporates a comprehensive assessment to determine program placement into any of the four levels of education and/or treatment interventions. The placement of an offender is determined by several factors which include the individual's history of substance use, Blood Alcohol Content (BAC) at the time of arrest, and arrest and treatment history.

The Offender Education Program (OEP) is a 10-hour education course designed specifically for first-time offenders who are considered to have a low risk of recidivism and a low need for clinical treatment services. The Adolescent Diversion Education Program (ADEP) is the education counterpart for individuals under age 18. The Weekend Intervention Program (WIP) is comprised of 20 hours of education during a 48-hour weekend of structured activities. The Clinical Intervention Program (CIP) is a 50-hour outpatient treatment program designed for repeat Driving While Intoxicated (DWI) offenders considered to be at high risk for re-offending. The Serious and Repeat Offender Program (SROP) requires at least 75 hours of substance use disorder treatment services, provided in no less than 90 days, for serious and/or repeat DWI offenders. A serious offender is one who has a BAC percent of 0.15 or greater at the time of arrest and meets criteria for a substance use disorder. A repeat offender is one who has been arrested on two or more separate occasions for operating a motor vehicle while under the influence of substances, having resulted in administrative action by the Department of Revenue.
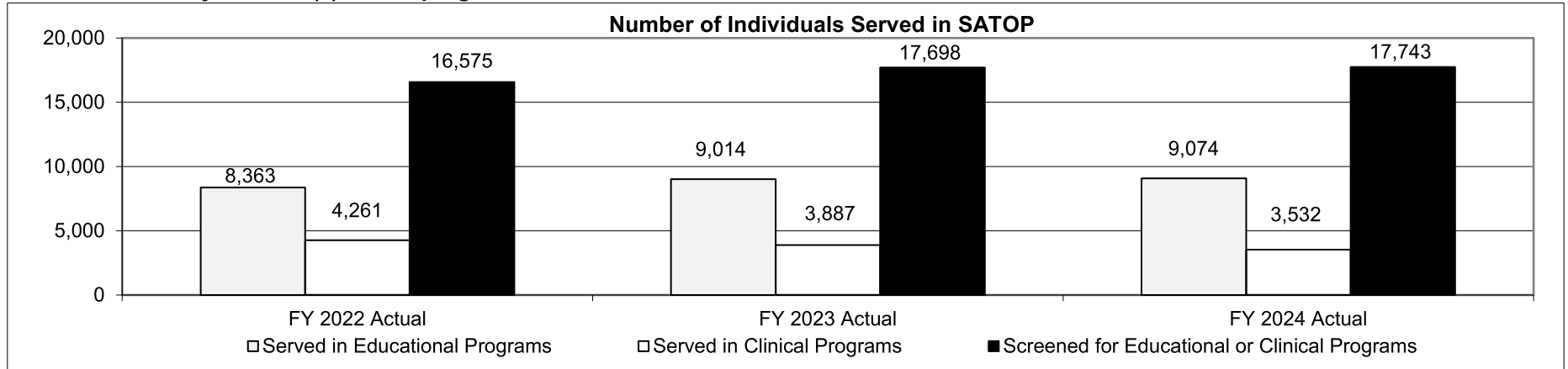
PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.115

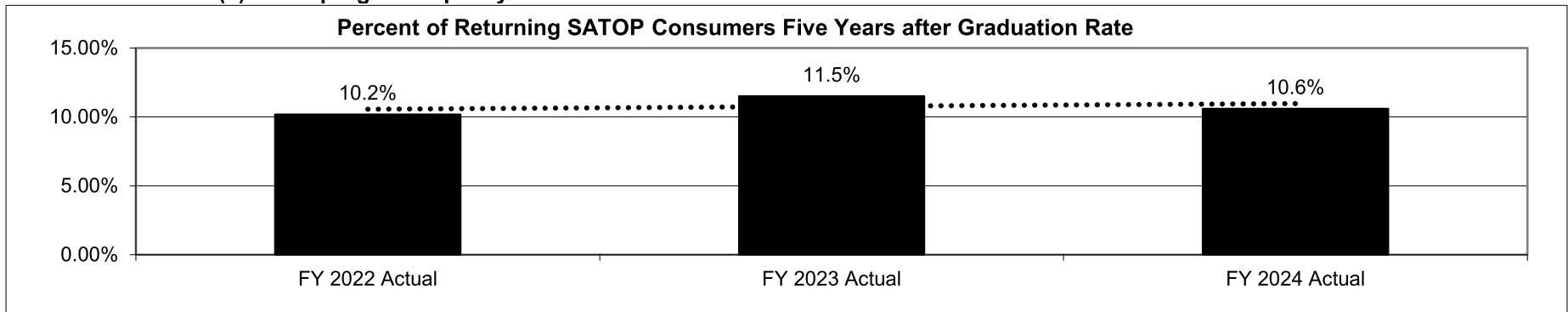**Program Name:** Substance Awareness Traffic Offender Program (SATOP)
Program is found in the following core budget(s): Substance Use Disorder Community Treatment

2a. Provide an activity measure(s) for the program.

Number of Individuals Served in SATOP

Legend:
□ Served in Educational Programs   □ Served in Clinical Programs   ■ Screened for Educational or Clinical Programs

Data shown:
- FY 2022 Actual: Served in Educational Programs 8,363; Served in Clinical Programs 4,261; Screened for Educational or Clinical Programs 16,575
- FY 2023 Actual: Served in Educational Programs 9,014; Served in Clinical Programs 3,887; Screened for Educational or Clinical Programs 17,698
- FY 2024 Actual: Served in Educational Programs 9,074; Served in Clinical Programs 3,532; Screened for Educational or Clinical Programs 17,743

Note: Number of individuals served depends on the number of DWI arrests.

2b. Provide a measure(s) of the program's quality.

Percent of Returning SATOP Consumers Five Years after Graduation Rate

Data shown:
- FY 2022 Actual: 10.2%
- FY 2023 Actual: 11.5%
- FY 2024 Actual: 10.6%

Note: Five years after SATOP graduation, the majority of SATOP participants have not re-offended.
Target: To stay at or below the National Highway Traffic Safety Administration (2014) DWI Recidivism in the United States of 25%.
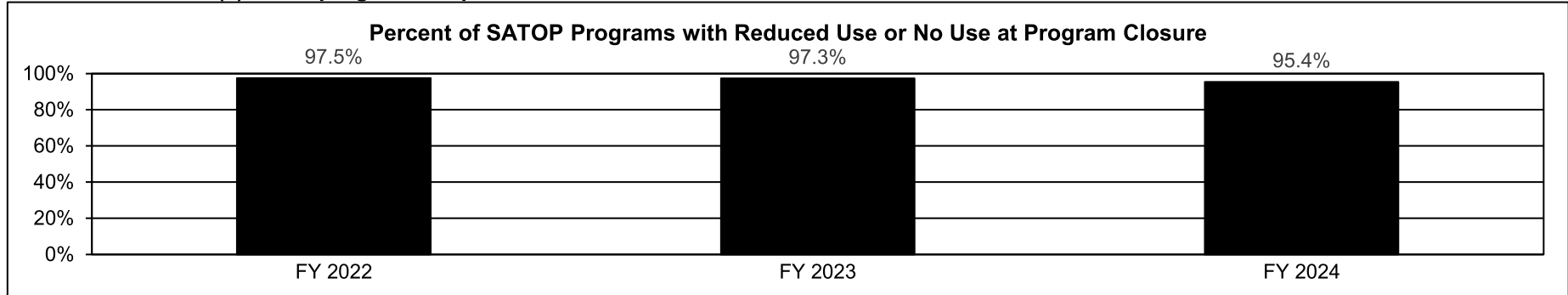
PROGRAM DESCRIPTION

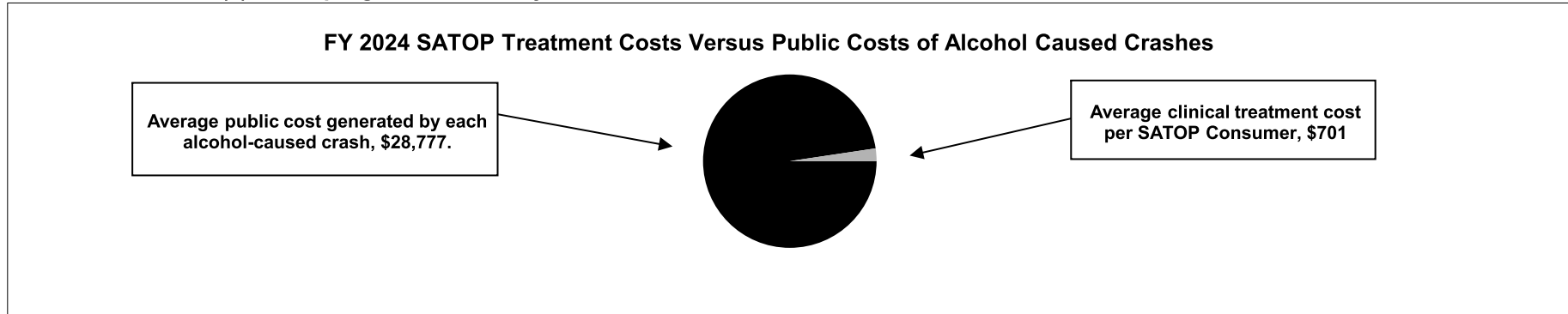|	
Department: **Mental Health**	AB Section(s): __**10.115**__
Program Name: **Substance Awareness Traffic Offender Program (SATOP)**	
Program is found in the following core budget(s): **Substance Use Disorder Community Treatment**	

2c. Provide a measure(s) of the program's impact.

Percent of SATOP Programs with Reduced Use or No Use at Program Closure

Note: These data are using matched pairs and track the change in usage pattern over time for individuals involved in SATOP treatment.

2d. Provide a measure(s) of the program's efficiency.

FY 2024 SATOP Treatment Costs Versus Public Costs of Alcohol Caused Crashes

Average public cost generated by each alcohol-caused crash, $28,777.

Average clinical treatment cost per SATOP Consumer, $701

Note: In 2019, vehicle crashes in which alcohol was the cause accounted for 17 percent of the total cost of motor vehicle crashes. Missouri's estimated economic cost of motor vehicle crashes in 2015 was $4.80 billion.

Source: (Blincoe, L., Miller, T., Wang, J.-S., Swedler, D., Coughlin, T., Lawrence, B., Guo, F., Klauer, S., & Dingus, T. (2023, February). The economic and societal impact of motor vehicle crashes, 2019 (Revised) (Report No. DOT HS 813 403). National Highway Traffic

PROGRAM DESCRIPTION

Department: **Mental Health**	AB Section(s): **10.115**

Program Name: **Substance Awareness Traffic Offender Program (SATOP)**

Program is found in the following core budget(s): Substance Use Disorder Community Treatment

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. *(Note: Amounts do not include fringe benefit costs.)*

Program Expenditure History

	GR	FEDERAL	OTHER	TOTAL
FY 2022 Actual	$0	$0	$3,885,851	$3,885,851
FY 2023 Actual	$0	$12,598	$3,492,049	$3,504,647
FY 2024 Actual	$0	$0	$3,111,939	$3,111,939
FY 2025 Planned	$0	$0	$6,995,353	$6,995,353
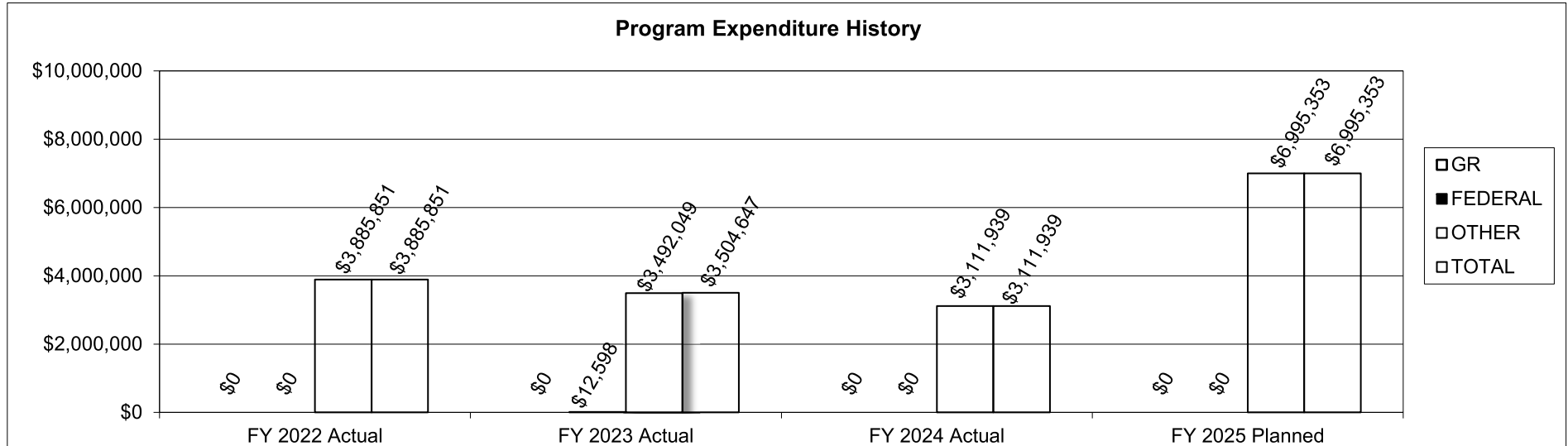
Note: The FY 2025 planned expenditures will provide services for SATOP offenses with the fees collected from the offenders. As a result, this program is primarily self funded.

4. What are the sources of the "Other " funds?

Other includes Mental Health Earnings Fund (MHEF) (0288).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 302.010, 302.304, 302.540, 302.580, 577.001, 577.041, and 631.010, RSMo.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

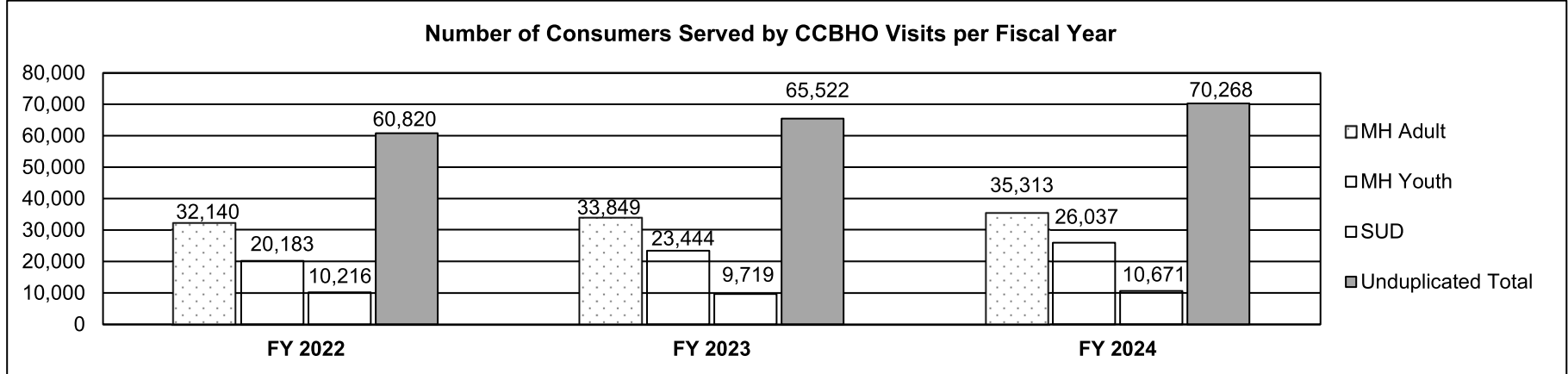No. By Missouri law, SATOP is required for driver's license reinstatement.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): __10.130__
Program Name: Certified Community Behavioral Health Organization (CCBHO)	
Program is found in the following core budget(s): CCBHO SUD, CCBHO Mental Health Adult, and CCBHO Mental Health Youth	

1a. What strategic priority does this program address?

Quality Outcomes; Mental Well-being; Children's Services and Supports; Capacity and Infrastructure

1b. What does this program do?

Certified Community Behavioral Health Organizations (CCBHOs) provide a comprehensive array of services to adults who have moderate or serious mental illnesses (SMI); youth who have serious emotional disturbances (SED); individuals with mild or moderate substance use disorders (SUD), and those with complex behavioral health conditions.

CCBHOs are required to provide psychiatric rehabilitation, healthcare homes, and outpatient mental health (MH) and SUD treatment, including medication services. CCBHOs must provide timely access to evaluation and treatment, including during non-traditional business hours. Treatment is patient-centered, and includes risk assessment and crisis prevention planning. CCBHOs are required to provide primary care screening and monitoring of key health indicators and health risk. CCBHOs must provide crisis behavioral health services, including a 24-hour crisis line and mobile response. CCBHOs must also provide peer support and family support services.

CCBHOs are required to have staff from a variety of disciplines to provide more holistic, quality services. CCBHOs provide professional treatment for individuals by employing professionals with expertise and training in evidence-based practices for trauma related disorders, smoking cessation, wellness, suicide prevention, Medication Assisted Treatment, and motivational interviewing. CCBHOs employ Community Behavioral Health Liaisons (CBHLs) that assist law enforcement, jails, and courts by facilitating access to behavioral health services. CCBHOs are required to have Emergency Room Enhancement (ERE) programs to help divert individuals from unnecessary visits to hospitals.

A key feature of the CCBHO initiative is a focus on quality and outcomes. CCBHOs are required to perform successfully on a variety of different outcome measures in this pay-for-performance model. This core funding allows a further shift toward paying for service quality versus service volume.

50

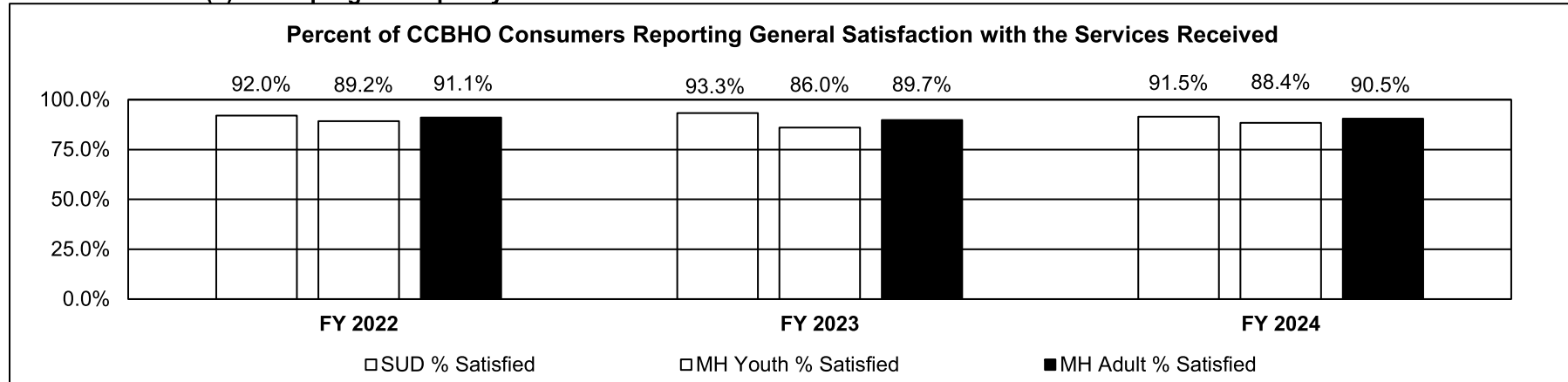**PROGRAM DESCRIPTION**

Department: Mental Health	AB Section(s): 10.130

Program Name: Certified Community Behavioral Health Organization (CCBHO)

Program is found in the following core budget(s): CCBHO SUD, CCBHO Mental Health Adult, and CCBHO Mental Health Youth

2a.   Provide an activity measure(s) for the program.

Number of Consumers Served by CCBHO Visits per Fiscal Year

Legend: MH Adult, MH Youth, SUD, Unduplicated Total

FY 2022: 32,140 (MH Adult); 20,183 (MH Youth); 10,216 (SUD); 60,820 (Unduplicated Total)
FY 2023: 33,849 (MH Adult); 23,444 (MH Youth); 9,719 (SUD); 65,522 (Unduplicated Total)
FY 2024: 35,313 (MH Adult); 26,037 (MH Youth); 10,671 (SUD); 70,268 (Unduplicated Total)

Note: These data show the number of consumers served per fiscal year in CCBHO paid visits. Data excludes the Medicaid expansion population and other programs that are paid by fund sources outside of the Department of Mental Health (DMH) budget. The increase in FY 2023 was due to the addition of three CCBHOs.

2b. Provide a measure(s) of the program's quality.

Percent of CCBHO Consumers Reporting General Satisfaction with the Services Received

FY 2022: 92.0% (SUD % Satisfied); 89.2% (MH Youth % Satisfied); 91.1% (MH Adult % Satisfied)
FY 2023: 93.3% (SUD % Satisfied); 86.0% (MH Youth % Satisfied); 89.7% (MH Adult % Satisfied)
FY 2024: 91.5% (SUD % Satisfied); 88.4% (MH Youth % Satisfied); 90.5% (MH Adult % Satisfied)

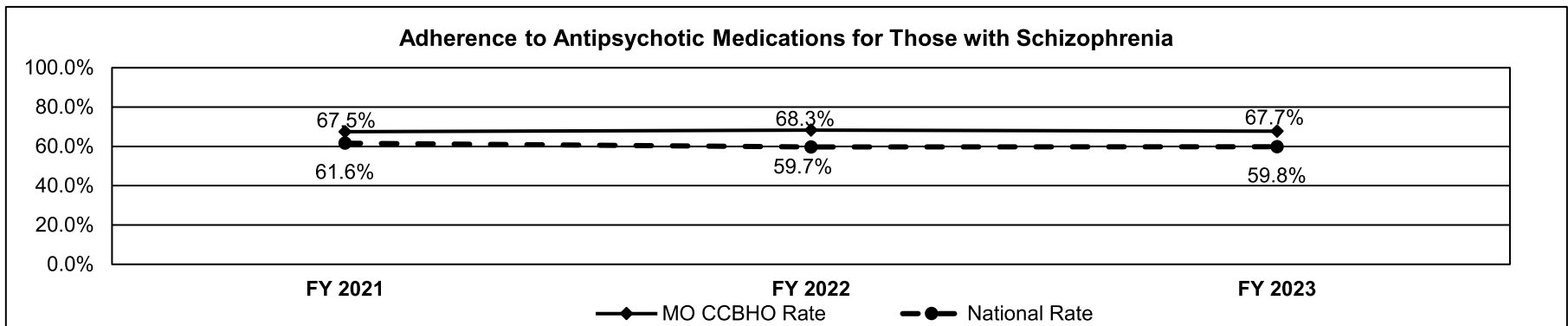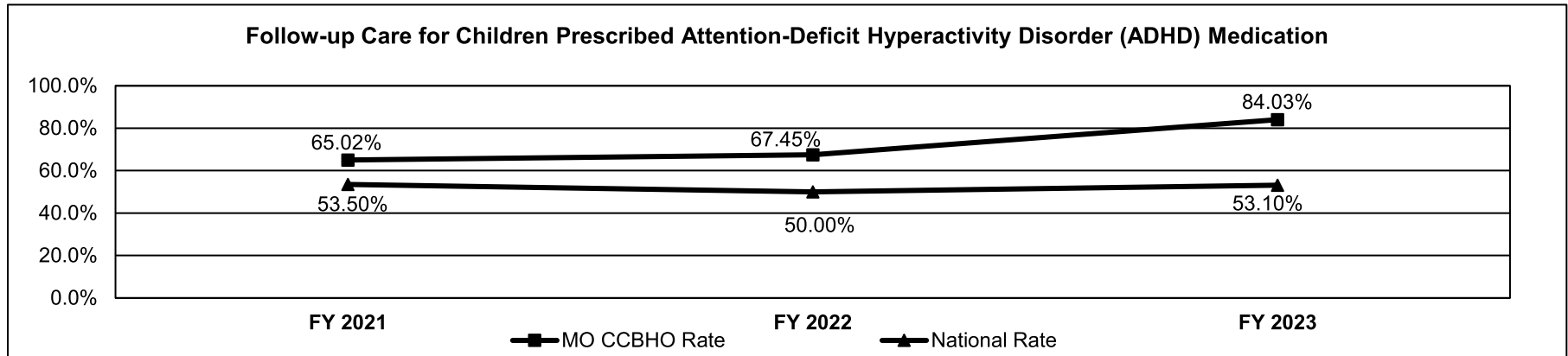Legend: SUD % Satisfied, MH Youth % Satisfied, MH Adult % Satisfied

Note: The columns in the chart above show the percentage of youth and adults who are generally satisfied with services that were provided by CCBHO providers.

PROGRAM DESCRIPTION

Department: **Mental Health**	AB Section(s): **10.130**
Program Name: **Certified Community Behavioral Health Organization (CCBHO)**	
Program is found in the following core budget(s): **CCBHO SUD, CCBHO Mental Health Adult, and CCBHO Mental Health Youth**	

2c. Provide a measure(s) of the program's impact.

Engagement In Substance Use Treatment

	FY 2021	FY 2022	FY 2023
13-17 years	60.2%	36.1%	47.3%
18-64 years	29.9%	25.6%	29.3%
National 13+ years	14.1%	13.9%	14.9%

Legend: ☐ 13-17 years ▨ 18-64 years ▬ National 13+ years
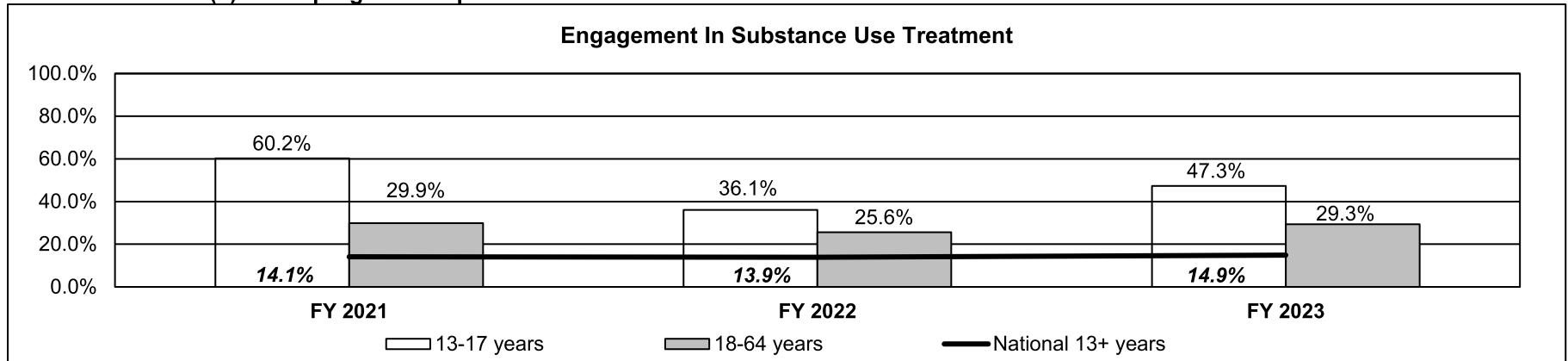
Note: The youth and adult substance use engagement rates for Missouri CCBHO providers are above the national average for adults and youth (ages 13+). This measure shows the rate at which providers engage individuals in treatment. The annual national rates are from the Health Effectiveness Data and Information Set (HEDIS) Measures, Engagement of Substance Use Treatment, for the measure years 2021, 2022, and 2023. FY 2024 data will be available in June 2025.

Adherence to Antipsychotic Medications for Those with Schizophrenia

	FY 2021	FY 2022	FY 2023
MO CCBHO Rate	67.5%	68.3%	67.7%
National Rate	61.6%	59.7%	59.8%

Legend: ◆ MO CCBHO Rate ● National Rate

Note: The rates show percentage of CCBHO consumers ages 18-64 and diagnosed with Schizophrenia who remained on an antipsychotic medication for at least 80% of their treatment period. The antipsychotic medication adherence rates for Missouri CCBHOs are higher than the overall national rates. The annual national rates are from the HEDIS Measures, Adherence to Antipsychotic Medications for Individuals with Schizophrenia, for the measure years 2021, 2022, and 2023. FY 2024 data will be available in June 2025.

PROGRAM DESCRIPTION

Department:	Mental Health	AB Section(s):	10.130
Program Name:	Certified Community Behavioral Health Organization (CCBHO)		

Program is found in the following core budget(s): CCBHO SUD, CCBHO Mental Health Adult, and CCBHO Mental Health Youth

2c. Provide a measure(s) of the program's impact.

Follow-up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication

Note: The rates show the percentage of children (ages 6-12) who remained on an ADHD medication for at least 210 days and who had a follow-up appointment with a practitioner in addition to the initial visit. The Missouri CCBHO rates are above the average national rates. The annual national rates are from the HEDIS Measures, Follow-Up Care During Continuation of Treatment for Children Prescribed ADHD Medication, for the measure years 2021, 2022, and 2023. FY 2024 data will be available in June 2025.

30-Day Follow-up After Hospitalization for Mental Illness
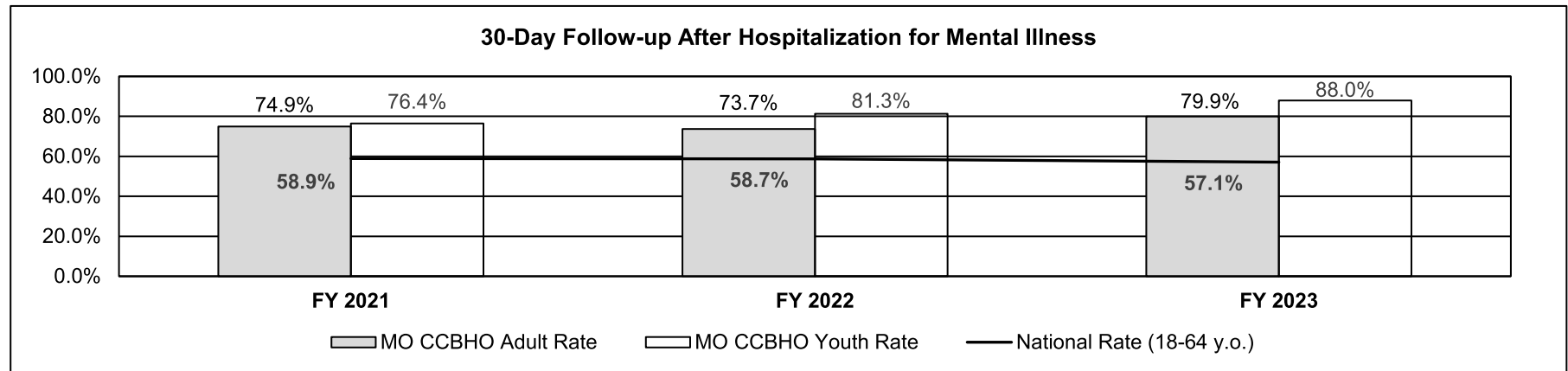
Note: The rates show the percentage of discharges for which the CCBHO consumers received follow-up within 30 days of discharge. The Missouri CCBHO adult and youth rates are above the average national rates. The annual national rates are from the HEDIS Measures, Follow-Up After Hospitalization for Mental Illness, for the measure years 2021, 2022, and 2023. FY 2024 data will be available June 2025.
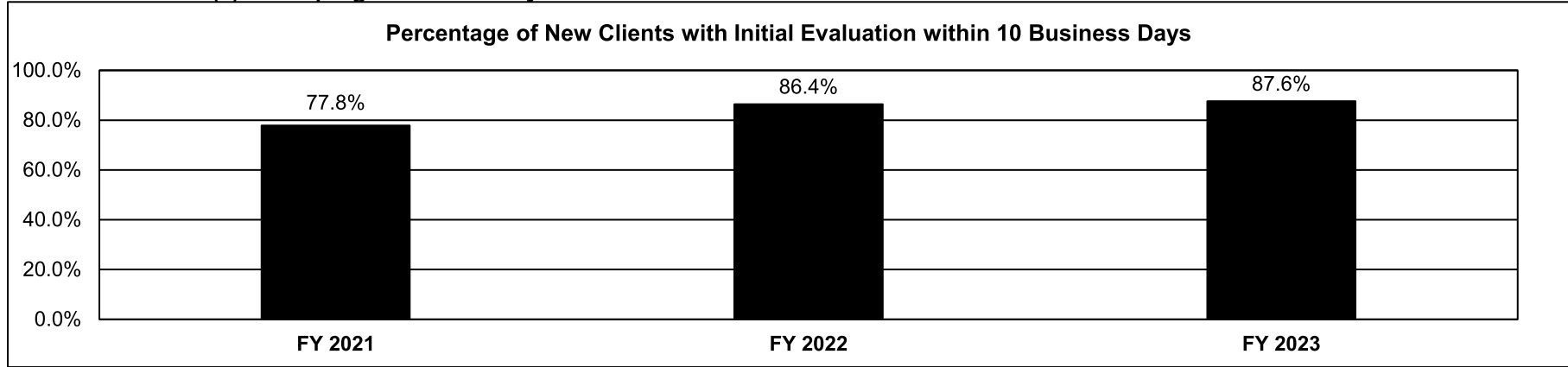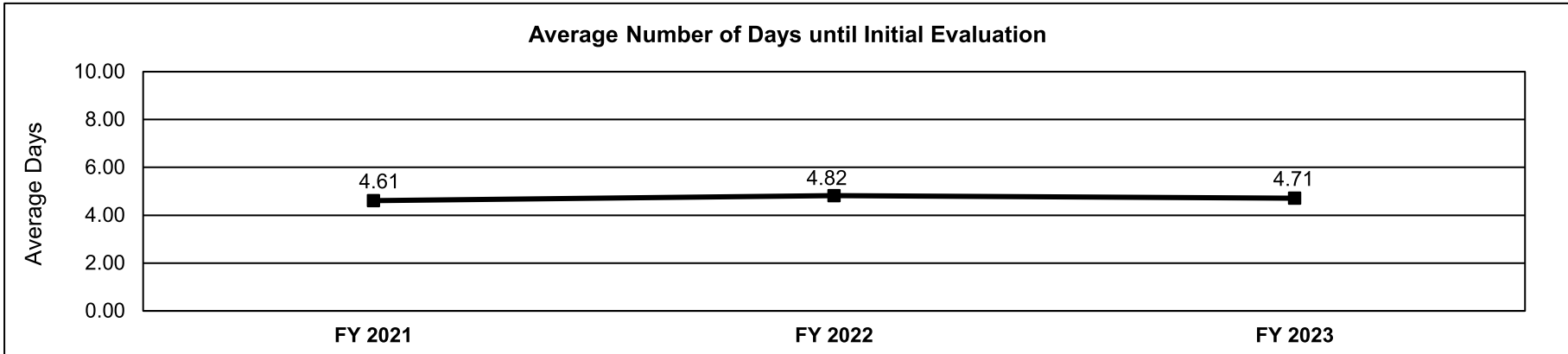
PROGRAM DESCRIPTION

|	
Department: Mental Health	**AB Section(s):** 10.130
Program Name: Certified Community Behavioral Health Organization (CCBHO)	
Program is found in the following core budget(s): CCBHO SUD, CCBHO Mental Health Adult, and CCBHO Mental Health Youth	

2d. Provide a measure(s) of the program's efficiency.

Percentage of New Clients with Initial Evaluation within 10 Business Days

Note: The chart above shows the rate at which CCBHO providers complete an initial evaluation for a consumer within ten days by fiscal year. FY 2024 data will be available in June 2025.

Average Number of Days until Initial Evaluation

Note: The chart above shows the average number of days for individuals to receive an initial evaluation at a CCBHO provider by fiscal year. FY 2024 data will be available in June 2025.

PROGRAM DESCRIPTION

Department:　　　Mental Health	AB Section(s):　　10.130
Program Name:　Certified Community Behavioral Health Organization (CCBHO)	
Program is found in the following core budget(s):　CCBHO SUD, CCBHO Mental Health Adult, and CCBHO Mental Health Youth	

2d.　Provide a measure(s) of the program's efficiency.

Community Behavioral Health Liaisons (CBHL) Days to Attempted First Contact
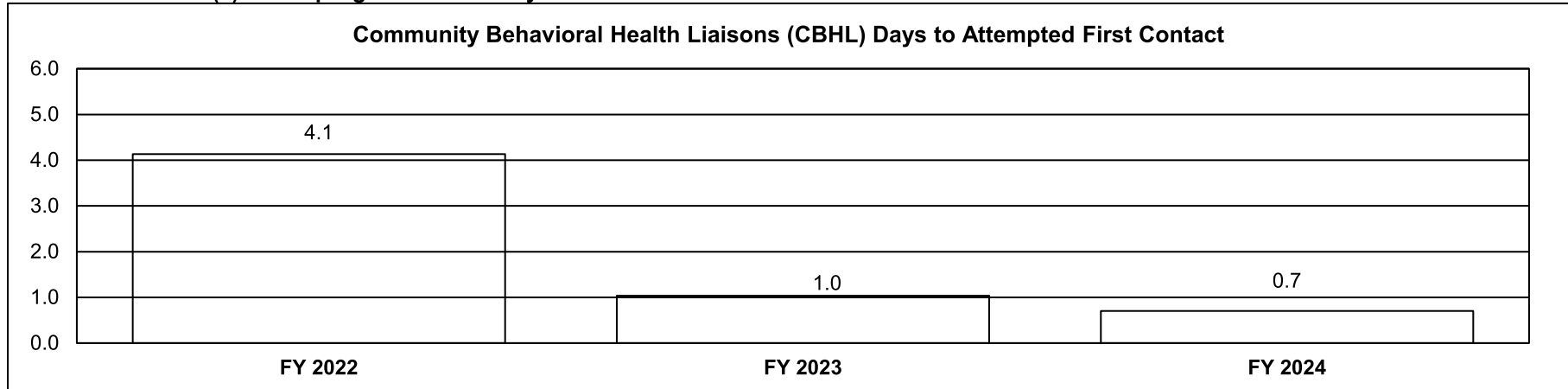
Note: CBHLs handled a total of 64,363 referrals during FY 2022, FY 2023, and FY 2024. The chart above shows the average number of days it took to attempt the first contact with referred individuals for each fiscal year.

Law Enforcement Time (in minutes) on Site for Behavioral Health Crisis Center (BHCC) Referrals
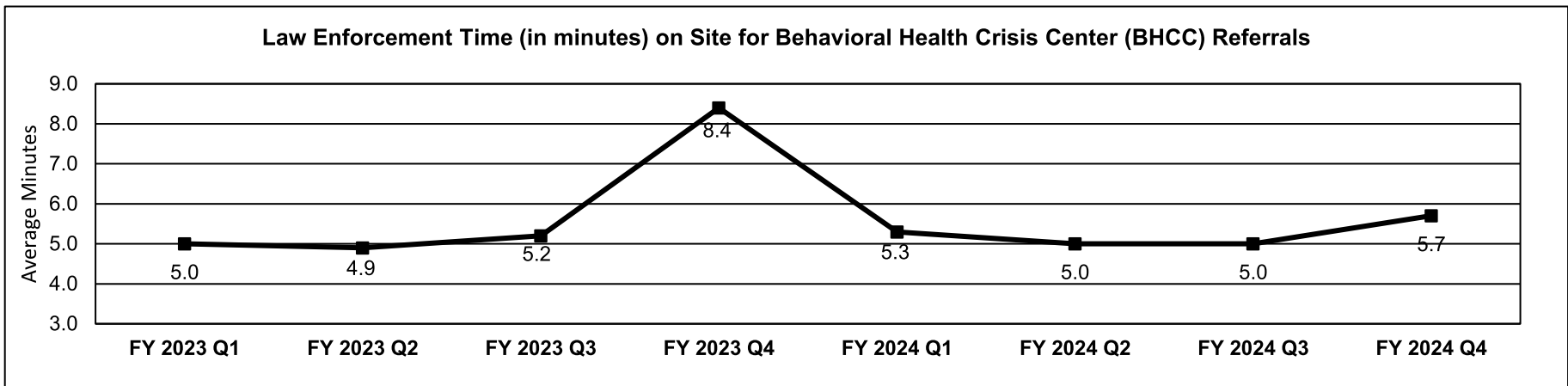
Note: The time (in minutes) on site metric is adjusted to remove outliers and all law enforcement referrals where the time in and time out are the same.

PROGRAM DESCRIPTION

Department: **Mental Health**	AB Section(s): **10.130**
Program Name: **Certified Community Behavioral Health Organization (CCBHO)**	

Program is found in the following core budget(s): CCBHO SUD, CCBHO Mental Health Adult, and CCBHO Mental Health Youth

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (*Note: Amounts do not include fringe benefit costs.*)

Program Expenditure History

Bar chart data:

FY 2022: GR $122,110,337; FEDERAL $278,182,066; OTHER $0; TOTAL $400,292,403

FY 2023: GR $162,162,643; FEDERAL $351,844,335; OTHER $0; TOTAL $514,006,978

FY 2024: GR $182,463,643; FEDERAL $426,876,513; OTHER $0; TOTAL $609,340,156

FY 2025 Planned: GR $271,399,738; FEDERAL $432,007,106; OTHER $0; TOTAL $703,406,844
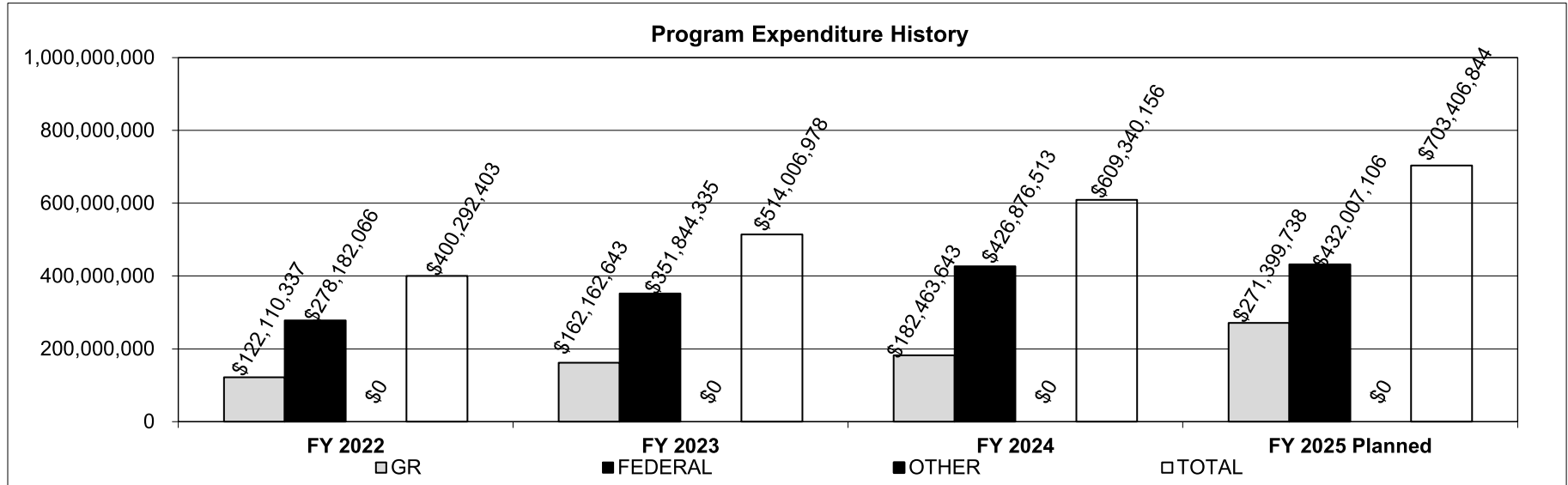
4. **What are the sources of the "Other " funds?**
   None.

5. **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**
   Sections 630.405 - 630.460, 631.010, 632.010.1, 632.010.2(1), 632.050, 632.055 and 191.831, RSMo.

6. **Are there federal matching requirements? If yes, please explain.**
   Some of the expenditures made are for MO HealthNet services requiring a state match. In addition, the federal Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant and Community Mental Health Services (CMHS) Block Grant requires that the state maintain an aggregate level of general revenue spending that is greater than or equal to the average of the past two years. (This is called the "Maintenance of Effort," or MOE, requirement).

7. **Is this a federally mandated program? If yes, please explain.**
   Yes. The federal SUPTRS Block Grant requires provision of specialized programs for women and children. Additionally, the CMHS Block Grant requires children's expenditures to continue to meet their MOE requirement. In addition, 10% must be spent on young adults, 16 to 25 years of age, experiencing early serious mental illness, including psychotic disorders. Another, requirement of CMHS Block Grant is 5% must be spent on crisis services.

Department:	Mental Health	HB Section(s): 10.300, 10.305, 10.310, 10.315, 10.320

Program Name:	DBH State Operated Adult Facilities

Program is found in the following core budget(s): Fulton State Hospital, Fulton State Hospital Overtime, Northwest MO Psychiatric Rehabilitation Center, Northwest MO Psychiatric Rehabilitation Center Overtime, Forensic Treatment Center, Southeast Missouri Mental Health Center, Southeast Missouri Mental Health Center Overtime, Center for Behavioral Medicine, and Center for Behavioral Medicine Overtime

1a. What strategic priority does this program address?

Mental Well-being and Quality Outcomes

1b. What does this program do?

State operated adult facilities, which are Joint Commission accredited, provide inpatient hospitalization and psychiatric treatment to individuals committed by the criminal courts and individuals civilly committed by the probate courts who are involved in the criminal justice system and require environments with varying levels of security. Most of these individuals present a danger to themselves or others and cannot be effectively treated in a less restrictive environment.

The forensic program requires not only specialized knowledge of the services needed for working with individuals with serious mental illness, but also specialized knowledge of the more structured procedural issues surrounding interaction with the judicial system. This highly specialized service includes evaluation and treatment in a secure environment.

The Division of Behavioral Health (DBH) has a full range of secured treatment settings in order to effectively treat forensic clients and to ensure public safety in accordance with Chapter 552, RSMo. These settings are provided through various applications of secured perimeters, including inside and outside containment; internal security systems; escort requirements; and, security staffing. Services are provided with the goal of progressive movement from a highly structured living situation to a less structured living situation.

The DBH has seen a steadily increasing number of individuals referred by the criminal courts and more than half are determined to be incompetent to stand trial and thus require competency restoration. This increase is resulting in hospitals operating at capacity relative to the available workforce and individuals waiting in jails for long periods for admission.

PROGRAM DESCRIPTION

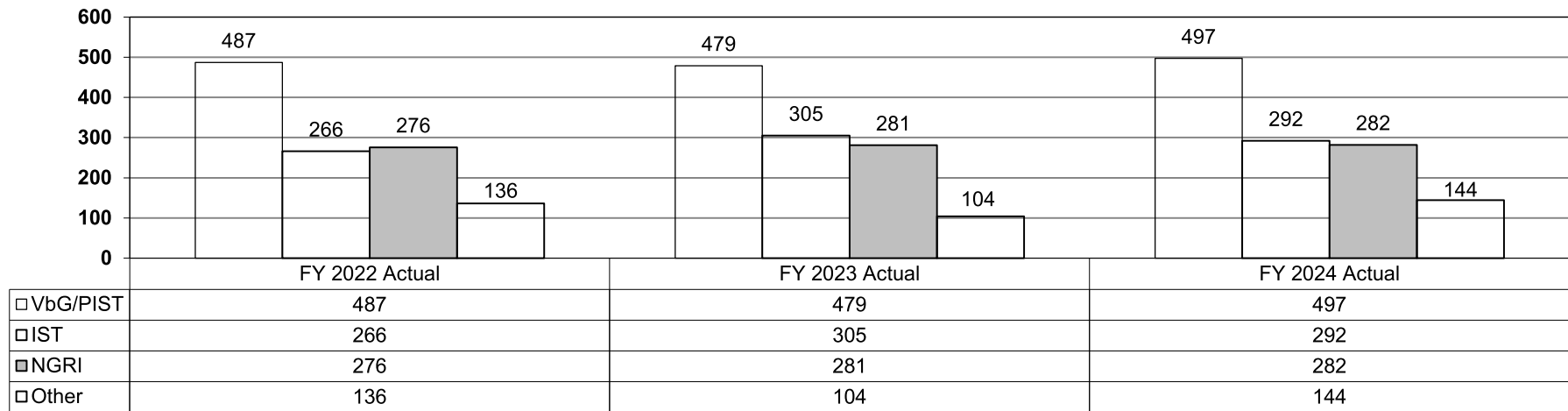|	
Department: **Mental Health**	HB Section(s): **10.300, 10.305, 10.310, 10.315, 10.320**

Program Name: **DBH State Operated Adult Facilities**

Program is found in the following core budget(s): Fulton State Hospital, Fulton State Hospital Overtime, Northwest MO Psychiatric Rehabilitation Center, Northwest MO Psychiatric Rehabilitation Center Overtime, Forensic Treatment Center, Southeast Missouri Mental Health Center, Southeast Missouri Mental Health Center Overtime, Center for Behavioral Medicine, and Center for Behavioral Medicine Overtime

2a. Provide an activity measure(s) for the program.

Individuals Served in State Operated Adult Facilities

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
☐ VbG/PIST	487	479	497
☐ IST	266	305	292
☐ NGRI	276	281	282
☐ Other	136	104	144

Note: This chart represents an unduplicated count of clients served.

• VbG/PIST - Persons who are permanently incompetent to stand trial and who have a guardian or who are awaiting assignment of a guardian. Discharges occur upon consent of the guardian.

• IST - Persons committed for care and treatment under Section 552, RSMo. as "incompetent to stand trial". Discharges occur upon order of the court.

• NGRI - Persons committed for care and treatment under Section 552, RSMo. as "not guilty by reason by mental disease or defect". Discharges occur upon order of the court following a hearing to determine if the person is likely to be dangerous to others.

• Other - Individuals with serious risk histories who are civilly committed by the Probate Court, individuals found competent to stand trial but require continued hospitalization, and individuals admitted by guardian. Discharges depend upon commitment status.
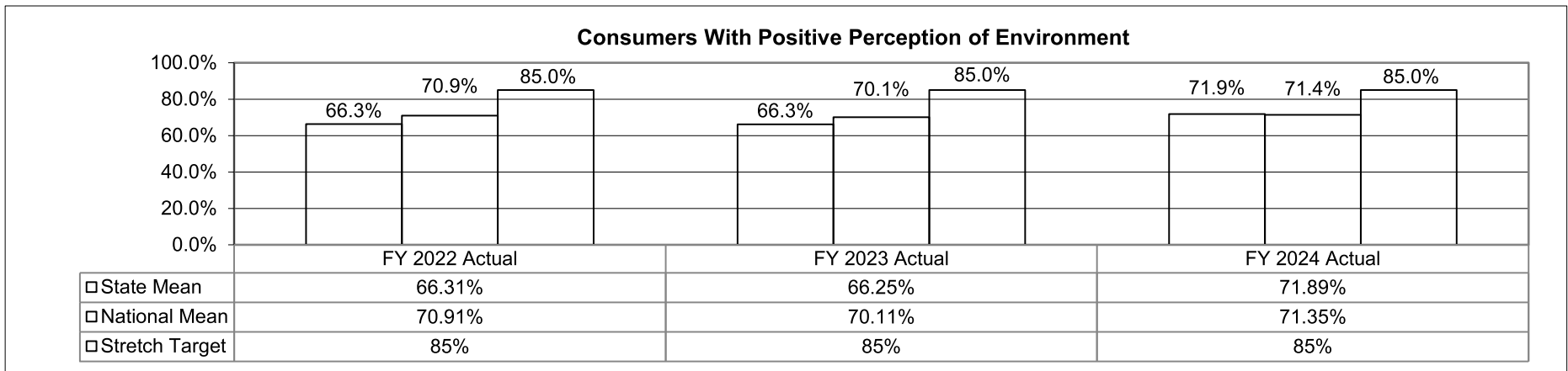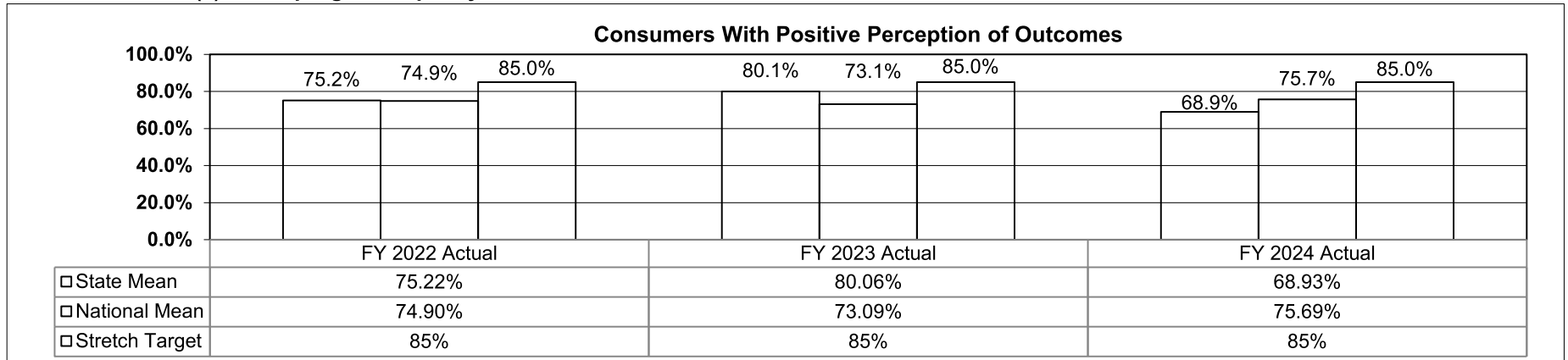
PROGRAM DESCRIPTION

Department:	Mental Health	HB Section(s): 10.300, 10.305, 10.310, 10.315, 10.320

Program Name: DBH State Operated Adult Facilities

Program is found in the following core budget(s): Fulton State Hospital, Fulton State Hospital Overtime, Northwest MO Psychiatric Rehabilitation Center, Northwest MO Psychiatric Rehabilitation Center Overtime, Forensic Treatment Center, Southeast Missouri Mental Health Center, Southeast Missouri Mental Health Center Overtime, Center for Behavioral Medicine, and Center for Behavioral Medicine Overtime

2b. Provide a measure(s) of the program's quality.

Consumers With Positive Perception of Outcomes

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
State Mean	75.22%	80.06%	68.93%
National Mean	74.90%	73.09%	75.69%
Stretch Target	85%	85%	85%

(Chart bar values: FY 2022 — 75.2%, 74.9%, 85.0%; FY 2023 — 80.1%, 73.1%, 85.0%; FY 2024 — 68.9%, 75.7%, 85.0%)

Consumers With Positive Perception of Environment

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
State Mean	66.31%	66.25%	71.89%
National Mean	70.91%	70.11%	71.35%
Stretch Target	85%	85%	85%

(Chart bar values: FY 2022 — 66.3%, 70.9%, 85.0%; FY 2023 — 66.3%, 70.1%, 85.0%; FY 2024 — 71.9%, 71.4%, 85.0%)

Note: The two charts above represent the percent of clients at discharge or annual review who respond positively to the Client Perception of Outcomes and Facility Environment domains on the Inpatient Consumer Survey. *Target: Base - Exceed national mean; Stretch - 85%*
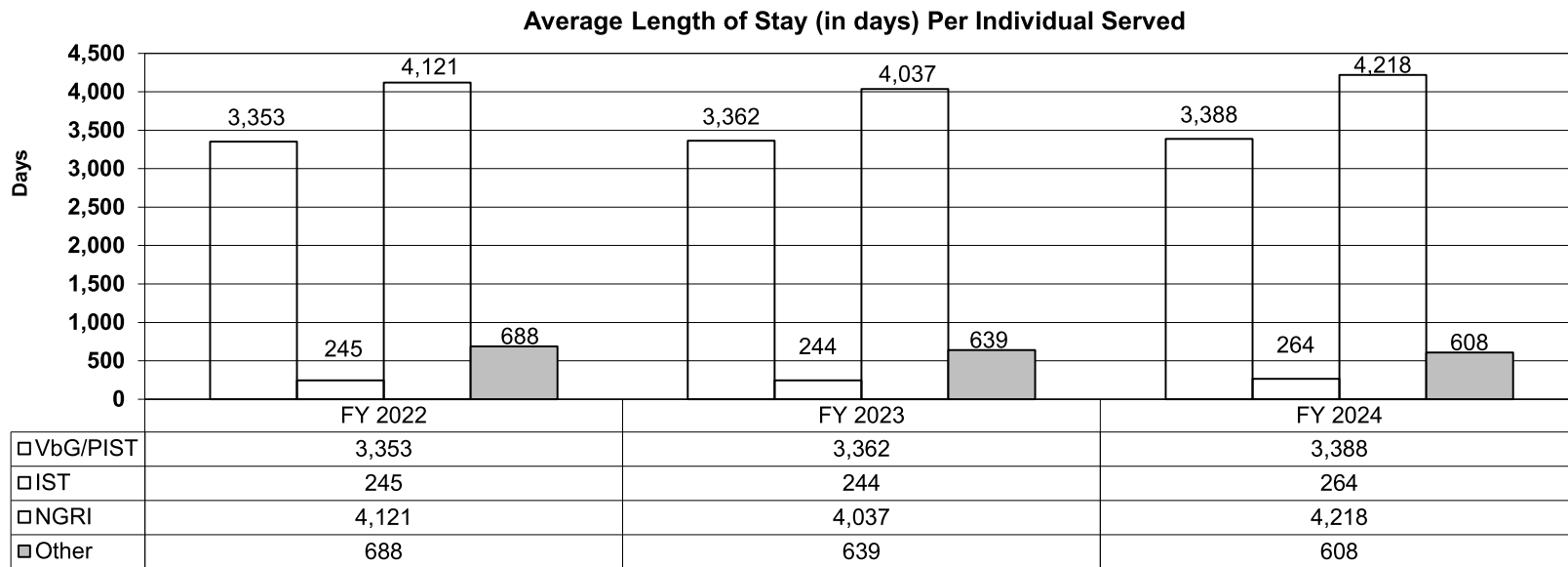
PROGRAM DESCRIPTION

Department: Mental Health	**HB Section(s):** 10.300, 10.305, 10.310, 10.315, 10.320

Program Name: DBH State Operated Adult Facilities

Program is found in the following core budget(s): Fulton State Hospital, Fulton State Hospital Overtime, Northwest MO Psychiatric Rehabilitation Center, Northwest MO Psychiatric Rehabilitation Center Overtime, Forensic Treatment Center, Southeast Missouri Mental Health Center, Southeast Missouri Mental Health Center Overtime, Center for Behavioral Medicine, and Center for Behavioral Medicine Overtime

2c. Provide a measure(s) of the program's impact.

Average Length of Stay (in days) Per Individual Served

	FY 2022	FY 2023	FY 2024
☐ VbG/PIST	3,353	3,362	3,388
☐ IST	245	244	264
☐ NGRI	4,121	4,037	4,218
☐ Other	688	639	608

Note: This chart represents an unduplicated count of clients served.

• VbG/PIST - Persons who are permanently incompetent to stand trial and who have a guardian or who are awaiting assignment of a guardian. Discharges occur upon consent of the guardian.

• IST - Persons committed for care and treatment under Section 552, RSMo. as "incompetent to stand trial". Discharges occur upon order of the court.

• NGRI - Persons committed for care and treatment under Section 552, RSMo. as "not guilty by reason by mental disease or defect". Discharges occur upon order of the court following a hearing to determine if the person is likely to be dangerous to others.

• Other - Individuals with serious risk histories who are civilly committed by the Probate Court, individuals found competent to stand trial but require continued hospitalization, and individuals admitted by guardian. Discharges depend upon commitment status.
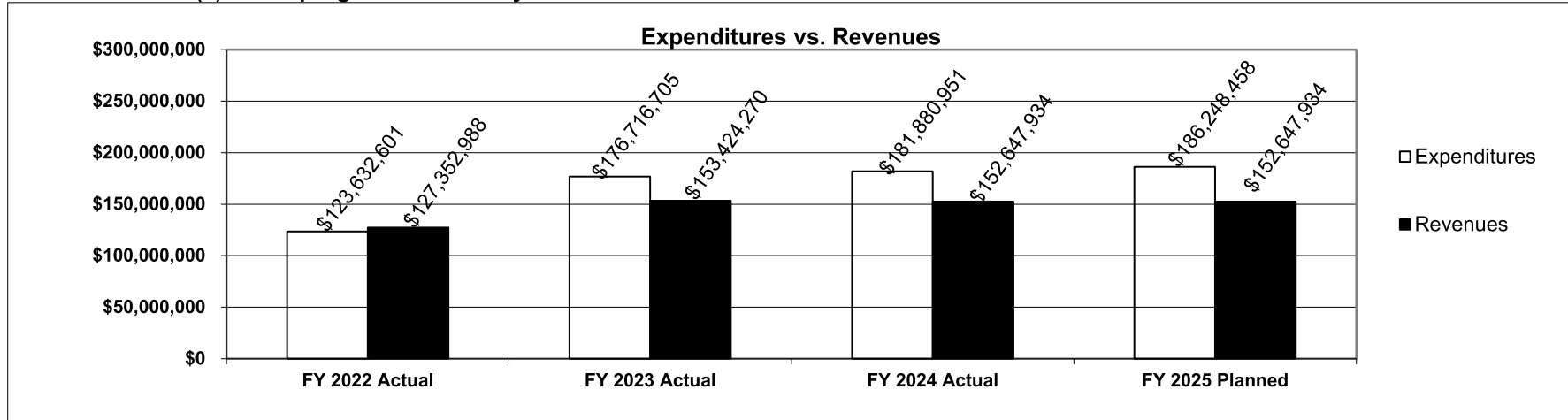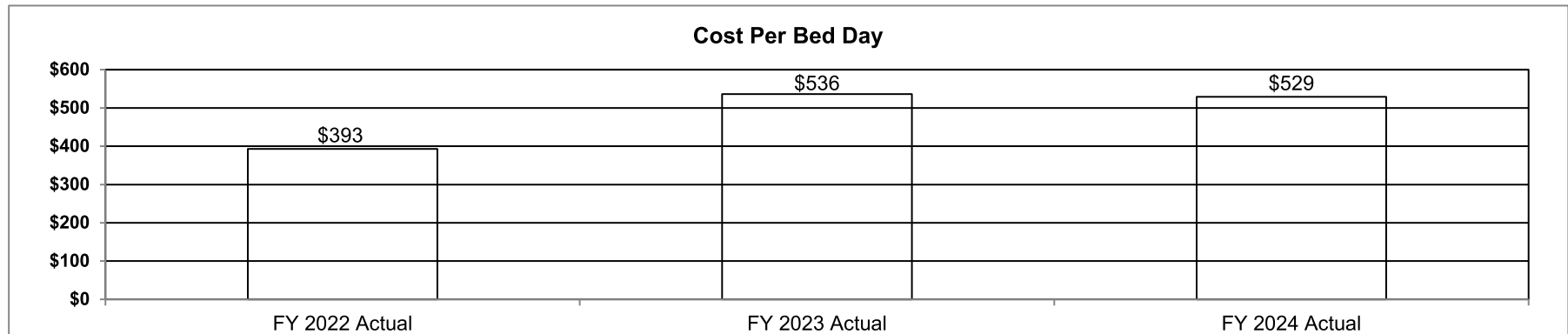
PROGRAM DESCRIPTION

Department: Mental Health	**HB Section(s):** 10.300, 10.305, 10.310, 10.315, 10.320

Program Name: DBH State Operated Adult Facilities

Program is found in the following core budget(s): Fulton State Hospital, Fulton State Hospital Overtime, Northwest MO Psychiatric Rehabilitation Center, Northwest MO Psychiatric Rehabilitation Center Overtime, Forensic Treatment Center, Southeast Missouri Mental Health Center, Southeast Missouri Mental Health Center Overtime, Center for Behavioral Medicine, and Center for Behavioral Medicine Overtime

2d. Provide a measure(s) of the program's efficiency.

Expenditures vs. Revenues

Bar chart showing Expenditures vs. Revenues:
- FY 2022 Actual: Expenditures $123,632,601; Revenues $127,352,988
- FY 2023 Actual: Expenditures $176,716,705; Revenues $153,424,270
- FY 2024 Actual: Expenditures $181,880,951; Revenues $152,647,934
- FY 2025 Planned: Expenditures $186,248,458; Revenues $152,647,934

Note: Revenues represent all third party reimbursements and the 60% Federal reimbursement for Disproportionate Share Hospital (DSH) claim. Expenditures do not include fringe. Declining revenues in FY22 have resulted from lowered bed utilization due to staffing shortages related to COVID.

Cost Per Bed Day

Bar chart showing Cost Per Bed Day:
- FY 2022 Actual: $393
- FY 2023 Actual: $536
- FY 2024 Actual: $529

Note: Average annual cost in FY 2024 is $149,696. Increasing costs reflect pay plan increases; rising fuel and food costs; and contracted staffing costs.
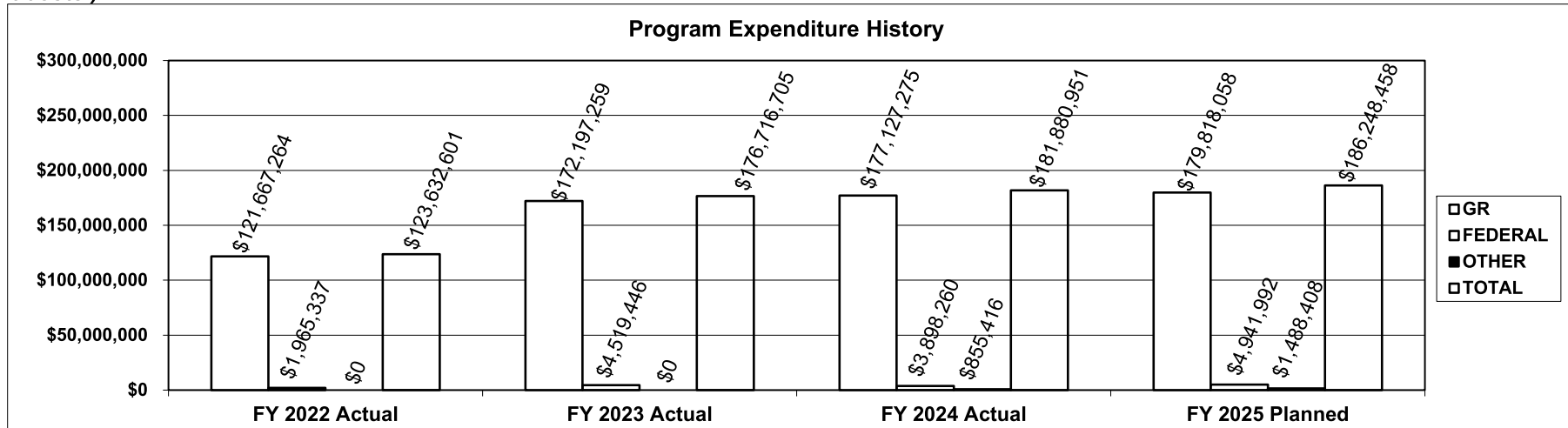
PROGRAM DESCRIPTION

Department: Mental Health	**HB Section(s): 10.300, 10.305, 10.310, 10.315, 10.320**
Program Name: DBH State Operated Adult Facilities	

Program is found in the following core budget(s): Fulton State Hospital, Fulton State Hospital Overtime, Northwest MO Psychiatric Rehabilitation Center, Northwest MO Psychiatric Rehabilitation Center Overtime, Forensic Treatment Center, Southeast Missouri Mental Health Center, Southeast Missouri Mental Health Center Overtime, Center for Behavioral Medicine, and Center for Behavioral Medicine Overtime

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. *(Note: Amounts do not include fringe benefit costs.)*

Program Expenditure History

Bar chart showing expenditures by fiscal year (GR, FEDERAL, OTHER, TOTAL):

- FY 2022 Actual: $121,667,264; $1,965,337; $0
- FY 2023 Actual: $172,197,259; $4,519,446; $0
- FY 2024 Actual: $176,716,705; $177,127,275; $3,898,260; $855,416; $181,880,951
- FY 2025 Planned: $179,818,058; $4,941,992; $1,488,408; $186,248,458

Note: FY 2023 increase is due to new wards, pay plan and mandatory items.

4. What are the sources of the "Other " funds?

Other includes Mental Health Trust Fund (MHTF) (0926) and Mental Health Earnings Fund (MHEF) (0288).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 632.010.2 and 632.010.2(1), RSMo.

6. Are there federal matching requirements? If yes, please explain.

Inpatient facilities provide General Revenue (GR) match for MO HealthNet eligible services through the certification of GR expenses, so no additional match is required. Also, the decrease in cost associated with the operation of the DBH hospitals, reduces the reimbursement made by MO HealthNet under the federal disproportionate share hospital (DSH) requirements.

7. Is this a federally mandated program? If yes, please explain.

The federal Community Mental Health Services Block Grant requires that the state maintain an aggregate level of general revenue spending for mental health services that is greater than or equal to the average of the past two years. (This is called the "Maintenance of Effort," or MOE, requirement). Outpatient expenditures in the state facilities' budgets are captured in the MOE calculation.

PROGRAM DESCRIPTION

Department: Mental Health	**AB Section(s):** 10.300 & 10.315

Program Name: Sex Offender Rehabilitation and Treatment Services

Program is found in the following core budget(s): Fulton State Hospital Sex Offender Rehabilitation and Treatment Services, Southeast Missouri Mental Health Center Sex Offender Rehabilitation and Treatment Services, and Southeast Missouri Mental Health Center Sex Offender Rehabilitation and Treatment Services Overtime
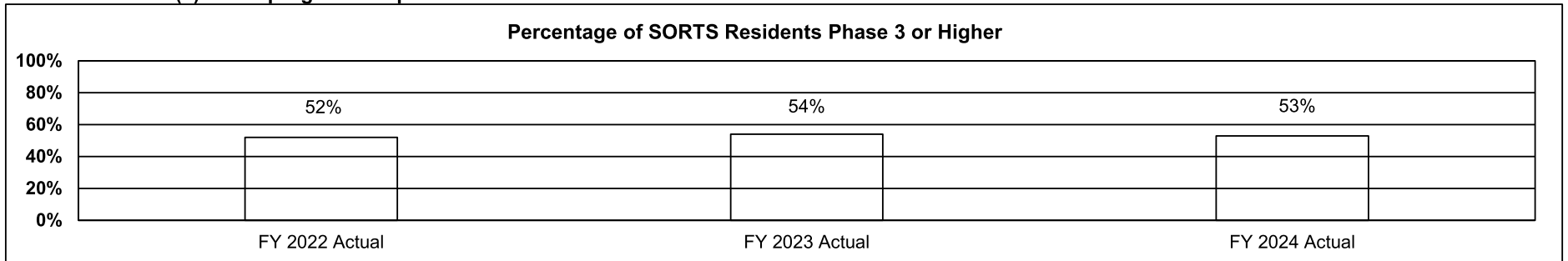
1a. What strategic priority does this program address?

Mental Well-Being and Quality Outcomes

1b. What does this program do?

The state-operated Sex Offender Rehabilitation and Treatment Services (SORTS) provides treatment to change the person's mental abnormality so that the person is not likely to commit acts of sexual violence if released. SORTS provides appropriate treatment and housing for individuals adjudicated by the courts as sexually violent predators. With passage of the Sexually Violent Predator law, which was effective January 1, 1999, the Missouri General Assembly mandated that individuals adjudicated by the court as sexually violent predators be committed indefinitely to the custody of the Director of the Department of Mental Health for "control, care and treatment until such time…that the person is safe to be at large". In order for such commitments to pass constitutional scrutiny, the Department must provide care and treatment that is consistent with existing professional standards and practice, and federal case law. The law also requires that individuals committed for treatment as sexually violent predators be kept in a secure facility and housed separately from Department of Corrections inmates and from other mental health clients who have not been found to be sexually violent predators.

The current SORTS programs are operated at two Division of Behavioral Health (DBH) facilities, Southeast Missouri Mental Health Center (SEMO) and Fulton State Hospital (FSH). The SORTS program is responsible for preparing clients for community reintegration. If clients are provided a conditional release by the probate court, the program is also responsible for facilitating the transition into the community and for communication with community providers, Probation and Parole, and DBH Forensic Case Monitors who provide community supervision. In addition to the housing and treatment of individuals committed under this statute, the Department provides a psychiatrist and/or a psychologist to participate in the Multidisciplinary Team to assist the Prosecutor's Review Committee in determining whether an individual may meet the definition of a sexually violent predator. Furthermore, the Department is required to provide a psychiatrist or psychologist to evaluate each individual for whom the court finds probable cause to believe the person is a sexually violent predator. Finally, the Department must provide the committing court an annual report regarding the committed person's mental condition. Total program capacity is 300.

PROGRAM DESCRIPTION

Department: **Mental Health**	AB Section(s): **10.300 & 10.315**
Program Name: **Sex Offender Rehabilitation and Treatment Services**	

Program is found in the following core budget(s): Fulton State Hospital Sex Offender Rehabilitation and Treatment Services, Southeast Missouri Mental Health Center Sex Offender Rehabilitation and Treatment Services, and Southeast Missouri Mental Health Center Sex Offender Rehabilitation and Treatment Services Overtime

2a. Provide an activity measure(s) for the program.

Clients Served

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
	291	291	291
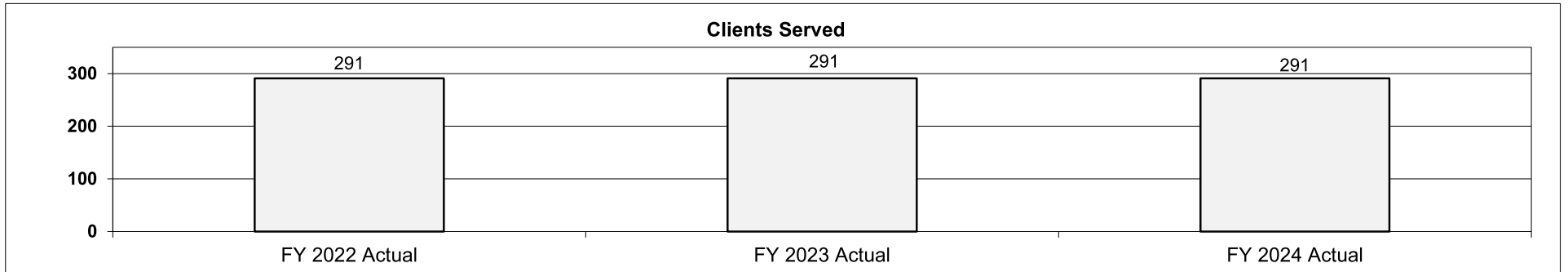
2b. Provide a measure(s) of the program's quality.

Not applicable.

2c. Provide a measure(s) of the program's impact.

Percentage of SORTS Residents Phase 3 or Higher

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
	52%	54%	53%

Note: There are four phases to the SORTS program. SORTS residents in treatment Phase 3 and higher are modifying their behavior patterns, thinking errors, distorted attitudes, and sexual arousal patterns that contributed to their criminal and sexual offending behavior, and in some cases are preparing for return to the community.
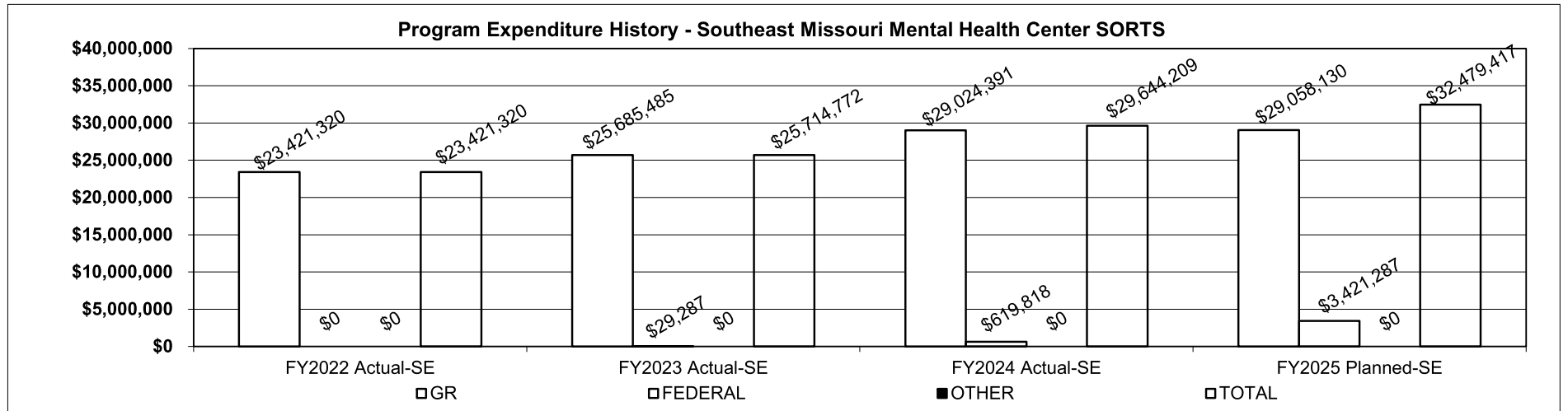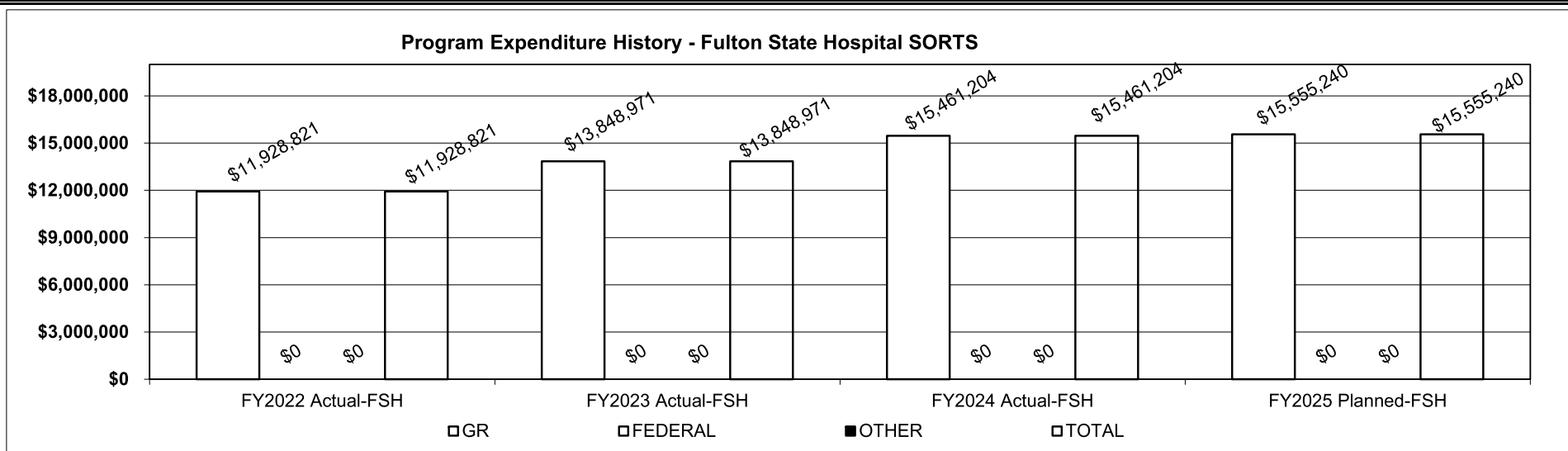
PROGRAM DESCRIPTION

Department:	Mental Health	AB Section(s): 10.300 & 10.315

Program Name:	Sex Offender Rehabilitation and Treatment Services

Program is found in the following core budget(s): Fulton State Hospital Sex Offender Rehabilitation and Treatment Services, Southeast Missouri Mental Health Center Sex Offender Rehabilitation and Treatment Services, and Southeast Missouri Mental Health Center Sex Offender Rehabilitation and Treatment Services Overtime

2d. Provide a measure(s) of the program's efficiency.

Cost Per Client Day

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
	$363	$409	$466
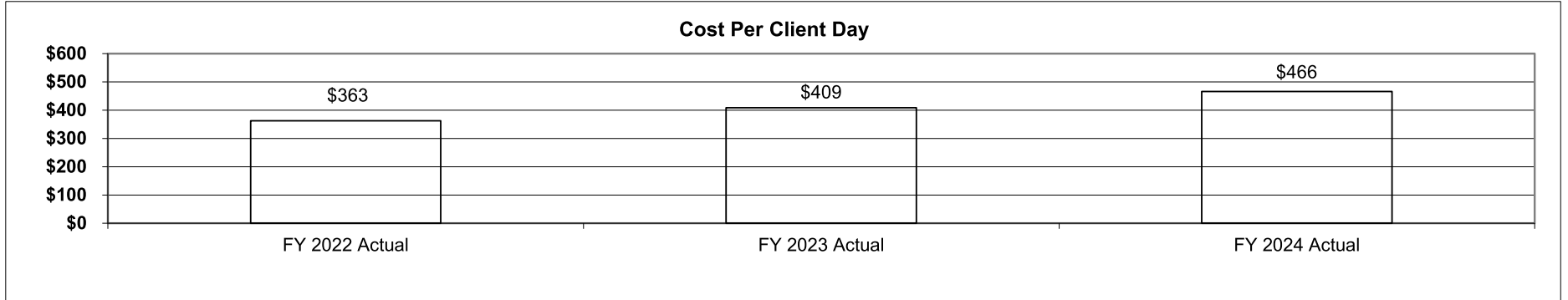
Note: Cost per client day does not include administrative staff budgeted in the State Operated Adult Facilities House Bill Section. Average annual cost in FY 2024 per client is $155,001.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. *(Note: Amounts do not include fringe benefit costs.)*

Program Expenditure History - Southeast Missouri Mental Health Center SORTS

	GR	FEDERAL	OTHER	TOTAL
FY2022 Actual-SE	$23,421,320	$0	$0	$23,421,320
FY2023 Actual-SE	$25,685,485	$29,287	$0	$25,714,772
FY2024 Actual-SE	$29,024,391	$619,818	$0	$29,644,209
FY2025 Planned-SE	$29,058,130	$3,421,287	$0	$32,479,417

65

PROGRAM DESCRIPTION

Department: **Mental Health**	**AB Section(s):** 10.300 & 10.315
Program Name: **Sex Offender Rehabilitation and Treatment Services**	

Program is found in the following core budget(s): Fulton State Hospital Sex Offender Rehabilitation and Treatment Services, Southeast Missouri Mental Health Center Sex Offender Rehabilitation and Treatment Services, and Southeast Missouri Mental Health Center Sex Offender Rehabilitation and Treatment Services Overtime

Program Expenditure History - Fulton State Hospital SORTS

(Chart data:)

	FY2022 Actual-FSH	FY2023 Actual-FSH	FY2024 Actual-FSH	FY2025 Planned-FSH
GR	$11,928,821	$13,848,971	$15,461,204	$15,555,240
FEDERAL	$0	$0	$0	$0
OTHER	$0	$0	$0	$0
TOTAL	$11,928,821	$13,848,971	$15,461,204	$15,555,240

4. What are the sources of the "Other " funds?
  None.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)
  Section 632.480 through 632.513, RSMo.

6. Are there federal matching requirements? If yes, please explain.
  No.

7. Is this a federally mandated program? If yes, please explain.
  No.

PROGRAM DESCRIPTION

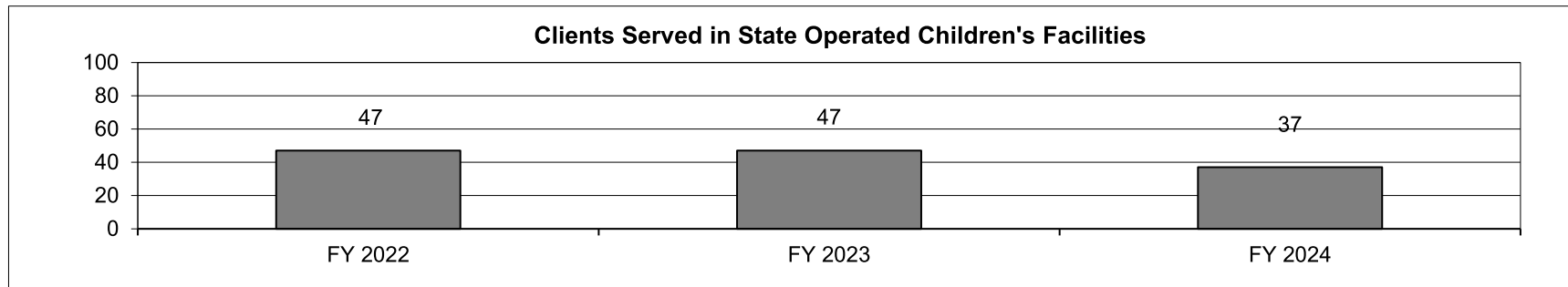|	
Department: **Mental Health**	**AB Section(s):** **10.325**
Program Name: **DBH State Operated Children's Facility**	
Program is found in the following core budget(s): State Operated Children's Facility	

1a. What strategic priority does this program address?

Children's Services and Supports

1b. What does this program do?

Hawthorn Children's Psychiatric Hospital (HCPH) is a Joint Commission accredited 44 bed and Medicare certified hospital and Psychiatric Residential Treatment Facility (PRTF) that provides inpatient and residential treatment programs for children 6-18 years of age who have acute and severe psychiatric problems. HCPH uses an interdisciplinary team approach to address the medical, psychological, social, educational, vocational and recreational needs of the child. This involvement may include family counseling and parent training designed to complement services the child receives. The goal is to enable the child to reach their full potential and return to the community.

An inpatient placement is the most restrictive setting on the children's continuum of care.

2a. Provide an activity measure(s) for the program.

Clients Served in State Operated Children's Facilities

47	47	37
FY 2022	FY 2023	FY 2024

Note: This graph represents an unduplicated count of clients served. Decrease in FY 2024 is due to a single child requiring a separate living unit, preventing use of seven (7) other beds.
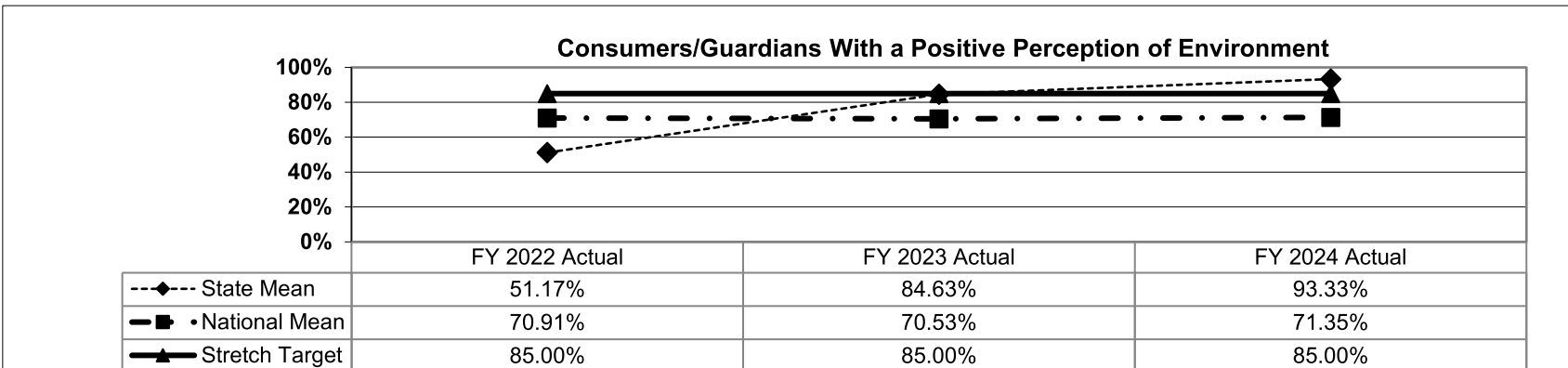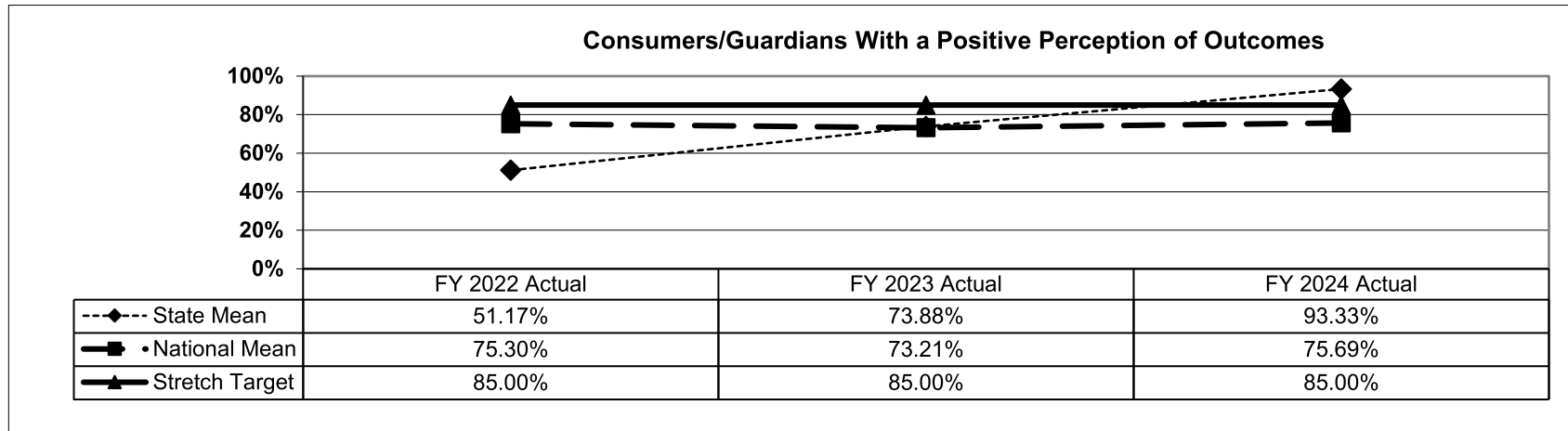
PROGRAM DESCRIPTION

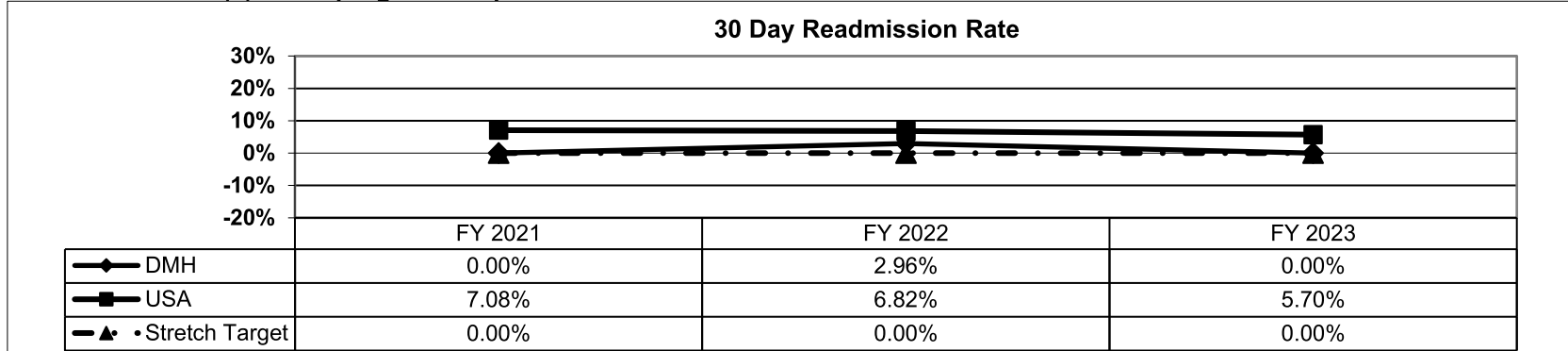|		
Department: Mental Health	**AB Section(s):** 10.325	

Program Name: DBH State Operated Children's Facility

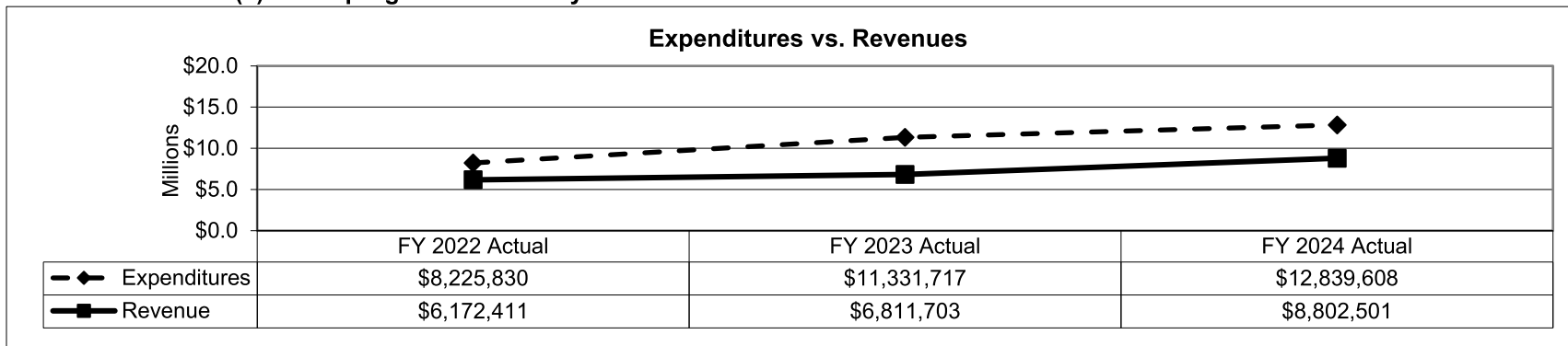**Program is found in the following core budget(s):** State Operated Children's Facility

2b. Provide a measure(s) of the program's quality.

Consumers/Guardians With a Positive Perception of Outcomes

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
State Mean	51.17%	73.88%	93.33%
National Mean	75.30%	73.21%	75.69%
Stretch Target	85.00%	85.00%	85.00%

Consumers/Guardians With a Positive Perception of Environment

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
State Mean	51.17%	84.63%	93.33%
National Mean	70.91%	70.53%	71.35%
Stretch Target	85.00%	85.00%	85.00%

Note: The two graphs above represent the percent of clients at discharge or annual review who respond positively to the Client Perception of Outcomes and Facility Environment domains on the Inpatient Consumer Survey. Survey results include parent/guardian and/or children's perspective. The national mean includes all adult and children's facilities reporting. T*arget: Base - Exceed national mean; Stretch - 85%*

PROGRAM DESCRIPTION

Department: **Mental Health**	**AB Section(s):** **10.325**

Program Name: **DBH State Operated Children's Facility**

Program is found in the following core budget(s): **State Operated Children's Facility**

2c. Provide a measure(s) of the program's impact.

30 Day Readmission Rate

	FY 2021	FY 2022	FY 2023
DMH	0.00%	2.96%	0.00%
USA	7.08%	6.82%	5.70%
Stretch Target	0.00%	0.00%	0.00%

Note: Readmission rates are reported through the Uniform Reporting System (URS). URS data is only available through 2023. This graph represents the 30 day readmission rate for Missouri compared to the national average for readmission of consumers to a state hospital after 30 days. There is no national average data specific to a children's hospital. The re-admission rate for FY 2023 was reduced due to fewer discharges and the need to temporarily suspend admissions due to workforce shortages. *Target: To be below the national rate. Stretch: 0%*

2d. Provide a measure(s) of the program's efficiency.

Expenditures vs. Revenues

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
Expenditures	$8,225,830	$11,331,717	$12,839,608
Revenue	$6,172,411	$6,811,703	$8,802,501

Note: Revenues represent all third party reimbursements and the 60% federal reimbursement for Disproportionate Share Hospital (DSH) claim. Expenditures do not include fringe. Declining revenues in FY22 have resulted from lowered bed utilization due to staffing shortages related to COVID.
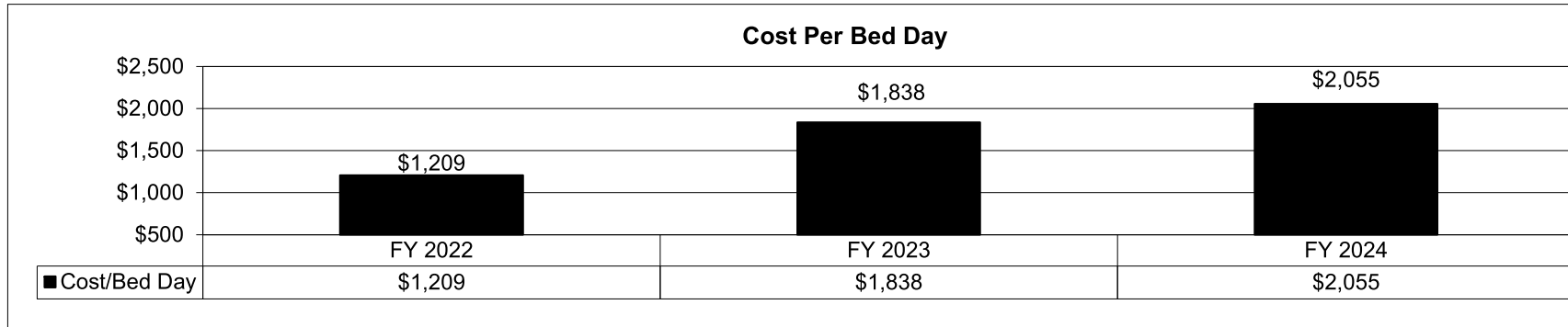
PROGRAM DESCRIPTION

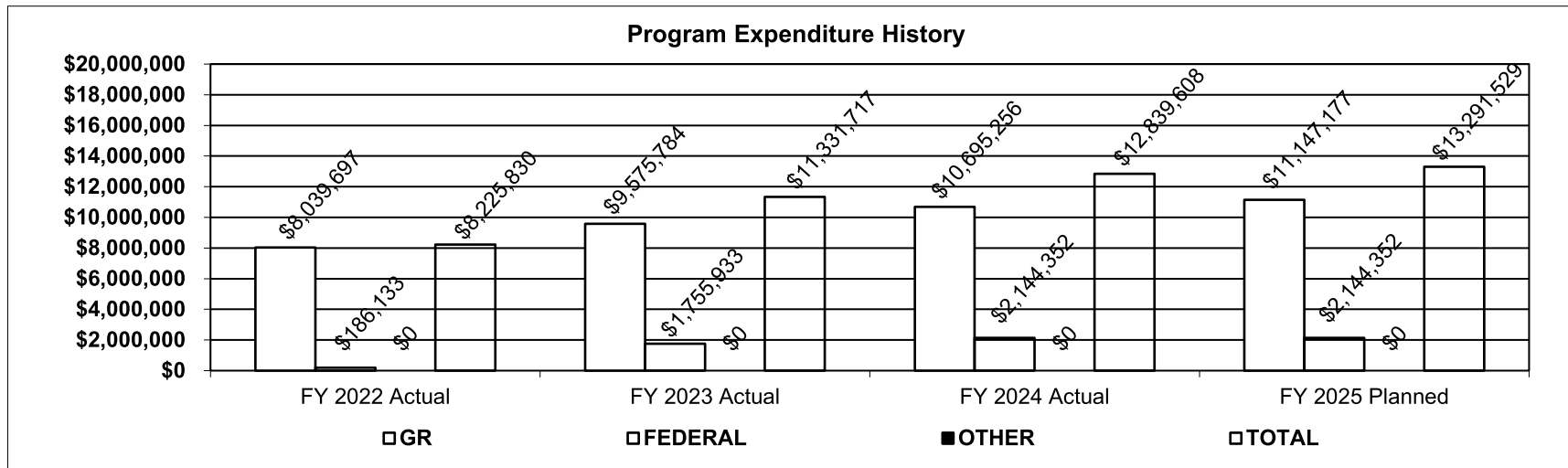| Department:	**Mental Health**	AB Section(s):	**10.325**

Program Name: DBH State Operated Children's Facility

Program is found in the following core budget(s): State Operated Children's Facility

Cost Per Bed Day

	FY 2022	FY 2023	FY 2024
■ Cost/Bed Day	$1,209	$1,838	$2,055

Note: Cost per bed day is increasing due the acuity of patients requiring higher staffing ratios and the temporary reduction in the number of beds available. Decrease in beds in FY 2024 is due to a single child requiring a separate living unit, preventing use of seven (7) other beds.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. *(Note: Amounts do not include fringe benefit costs.)*

Program Expenditure History

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Planned
GR	$8,039,697	$9,575,784	$10,695,256	$11,147,177
FEDERAL	$186,133	$1,755,933	$2,144,352	$2,144,352
OTHER	$0	$0	$0	$0
TOTAL	$8,225,830	$11,331,717	$12,839,608	$13,291,529

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PROGRAM DESCRIPTION

Department: **Mental Health**	AB Section(s): **10.325**
Program Name: **DBH State Operated Children's Facility**	
Program is found in the following core budget(s): **State Operated Children's Facility**	

4. What are the sources of the "Other " funds?

None.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 632.010.1 and 632.010.2(1), RSMo.

6. Are there federal matching requirements? If yes, please explain.

Inpatient facilities provide General Revenue (GR) match for MO HealthNet eligible services through the certification of GR expenses - no additional match is required. Also, the decrease in costs associated with the operation of Hawthorn reduces the reimbursement made by MO HealthNet under the federal Disproportionate Share Hospital (DSH) requirements.

7. Is this a federally mandated program? If yes, please explain.

No.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.400, 10.410

Program Name: DD Administration

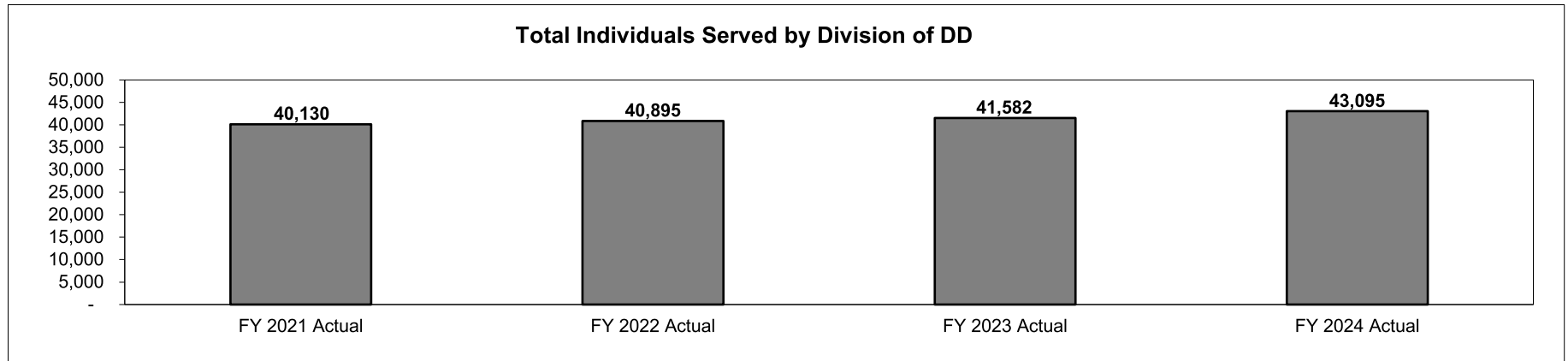Program is found in the following core budget(s):   DD Administration, Community Programs

1a. What strategic priority does this program address?

Division of Developmental Disabilities will support independence and self-sufficiency of Missourians with developmental disabilities.

1b. What does this program do?

The Division of Developmental Disabilities (DD) Administration oversees division-wide operations to support facility staff and partner agencies in the community to better serve the citizens of Missouri who live with a developmental disability. This is achieved by implementing policies that support best practices and ensure that federal and state requirements are met.

The Division of DD has the responsibility to ensure that evaluation, care, habilitation, and rehabilitation services are accessible to Missouri citizens with developmental disabilities. In order to carry out its mission, the Division of DD purchases services for persons with developmental disabilities through regional offices (located at Columbia, Kansas City, Sikeston, Springfield, and St. Louis) and provides services through state operated facilities at Bellefontaine Habilitation Center, Higginsville Habilitation Center, Northwest Community Services, Southwest Community Services, St. Louis Developmental Disabilities Treatment Center and Southeast Missouri Residential Services. The Division of DD regional offices and state operated facilities served 43,095 individuals in FY 2024. The Division of DD's budget includes 3,137 appropriated staff who require administrative and technical support from the Division of DD. This core provides funding for personal services and expense and equipment for administrative staff who are essential in overseeing all statewide programs through establishing policies, procedures, and providing support to the Division of DD's facilities and contract providers.

The Division of DD Central Office has seven sections: Director's Office, Administrative Services, Federal Programs, Quality Programs, Office of Autism Services, Licensure and Certification, and Community Supports.

• The Director's Office directs all aspects of the Division of DD administration, including supervision of Central Office and field staff.
• Administrative Services has primary responsibility for preparing the Division of DD budget, allocating and monitoring facility funds, preparing fiscal notes, projecting and monitoring federal collections, setting statewide financial policies, and all other fiscal operations.
• The Federal Programs Unit oversees the operation of all Division of DD federal programs ensuring compliance with federal guidelines in an effort to safeguard funding for supports and services of individuals served by the Division of DD. The Federal Programs Unit develops and monitors four Home and Community Based Waivers (DD Comprehensive Waiver, Community Support Waiver, Missouri Children with Developmental Disabilities Waiver (MOCDD), and Partnership for Hope Waiver) as well as other MO HealthNet programs.
• Quality Programs is responsible for developing and implementing a formal process, structure, and format for policy promulgation for quality assurance within the Division of DD. This section also oversees the development and implementation of a continuous cycle of integrated quality assurance and improvement functions, which are designed to assess the service delivery process, improve service outcomes, and enhance the quality of life for individuals with developmental disabilities.
• The Office of Autism Services enhances the Division of DD's efforts to meet the needs of individuals with Autism Spectrum Disorder (ASD) and their families. The Office of Autism Services also provides staffing support for the Missouri Commission on Autism Spectrum Disorders. For more information on the Office of Autism Services, see the program form for Autism services.

PROGRAM DESCRIPTION
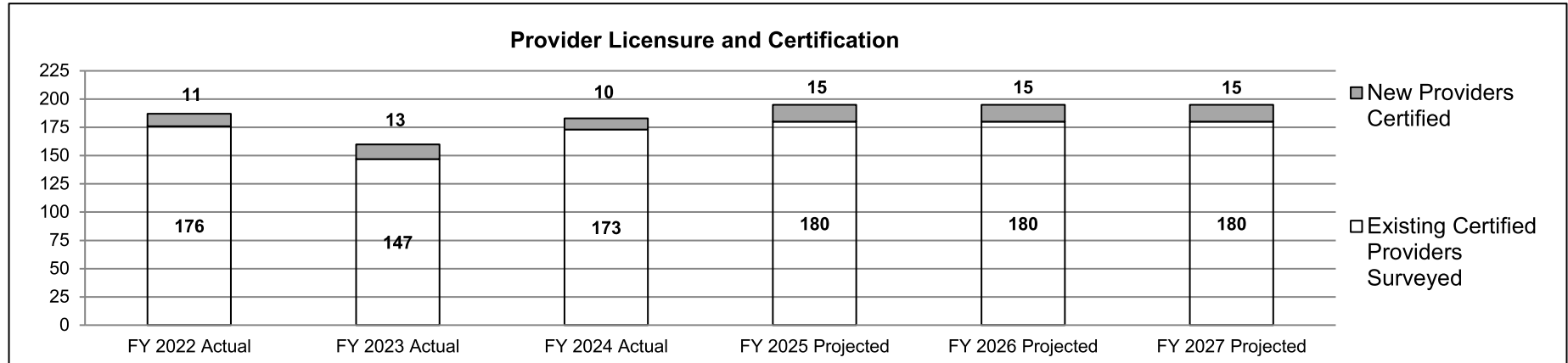
Department: Mental Health	AB Section(s): 10.400, 10.410
Program Name: DD Administration	
Program is found in the following core budget(s): DD Administration, Community Programs	

1b. What does this program do? (Continued)

• The Office of Licensure and Certification provides oversight to Department of Mental Health agencies, both public and private, in the State of Missouri. This oversight is carried out in order to license or certify these facilities or programs that offer services to consumers of the Department or are otherwise required to obtain licensure by Missouri statute. The monitoring ensures that providers maintain compliance with applicable state regulations/statutes and remain consistent with the Department of Mental Health's vision, principles of practice, and values.

• The Community Supports Unit oversees best practice, develops policy and coordinates implementation, provides technical assistance, and manages compliance with regulatory requirements of all services provided in the community including, but not limited to, self-directed supports, employment, community integration, day habilitation, behavior supports, eligibility, and service planning.

The Division of DD oversees 1,141 contracted community services provider sites for an array of services. Through these contracts, the Division of DD purchases residential services and non-residential in-home support services.

2a. Provide an activity measure(s) for the program.
   ■ Total individuals served

Total Individuals Served by Division of DD

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
Total individuals served	40,130	40,895	41,582	43,095

PROGRAM DESCRIPTION

Department: Mental Health

Program Name: DD Administration

AB Section(s): 10.400, 10.410

Program is found in the following core budget(s):   DD Administration, Community Programs

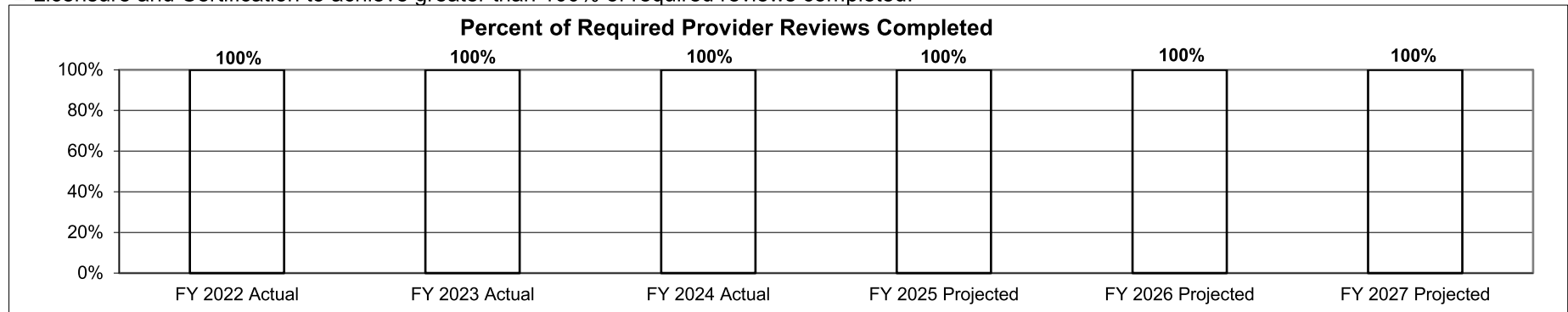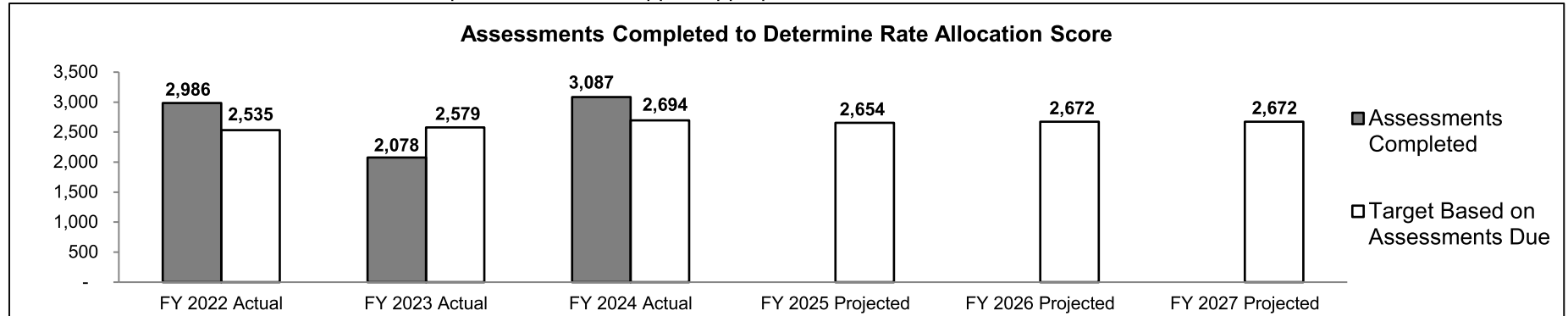**2a. Provide an activity measure(s) for the program. (Continued)**
- Office of Licensure and Certification.

Provider Licensure and Certification

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
New Providers Certified	11	13	10	15	15	15
Existing Certified Providers Surveyed	176	147	173	180	180	180

Note: The Division of DD enters into contracts with providers to purchase residential services and non-residential services. The Office of Licensure and Certification ensures that contracted provider agencies maintain compliance with applicable state standards. Decrease is linked to the biennial survey cycle.

2b. Provide a measure(s) of the program's quality.
- Licensure and Certification to achieve greater than 100% of required reviews completed.

Percent of Required Provider Reviews Completed

FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
100%	100%	100%	100%	100%	100%

PROGRAM DESCRIPTION

Department: Mental Health   AB Section(s): 10.400, 10.410

Program Name: DD Administration

Program is found in the following core budget(s):   DD Administration, Community Programs

2c. Provide a measure(s) of the program's impact.
- Assessments and/or reassessments completed on time to support appropriate residential rates.

Assessments Completed to Determine Rate Allocation Score

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
Assessments Completed	2,986	2,078	3,087			
Target Based on Assessments Due	2,535	2,579	2,694	2,654	2,672	2,672

Note: The Division uses a Rate Allocation Score (RAS) to determine residential rates. The Missouri Adaptive Ability Score (MAAS) is a tool developed by the Missouri Department of Mental Health - Division of Developmental Disabilities in conjunction with the Missouri Institute on Mental Health (MIMH). The MAAS measures an individual's support needs in a variety of areas in order to identify the level of supports an individual requires. MAAS assessments are completed for the purpose of establishing a RAS every three years at a minimum for individuals receiving residential services. In addition, reassessments are completed when an individual's medical and/or behavioral needs change during the year resulting in rate adjustments. The Division of DD began using the MAAS in FY 2022 to set residential rates on an individual basis.

PROGRAM DESCRIPTION

Department: Mental Health

AB Section(s): 10.400, 10.410

Program Name: DD Administration

Program is found in the following core budget(s): DD Administration, Community Programs

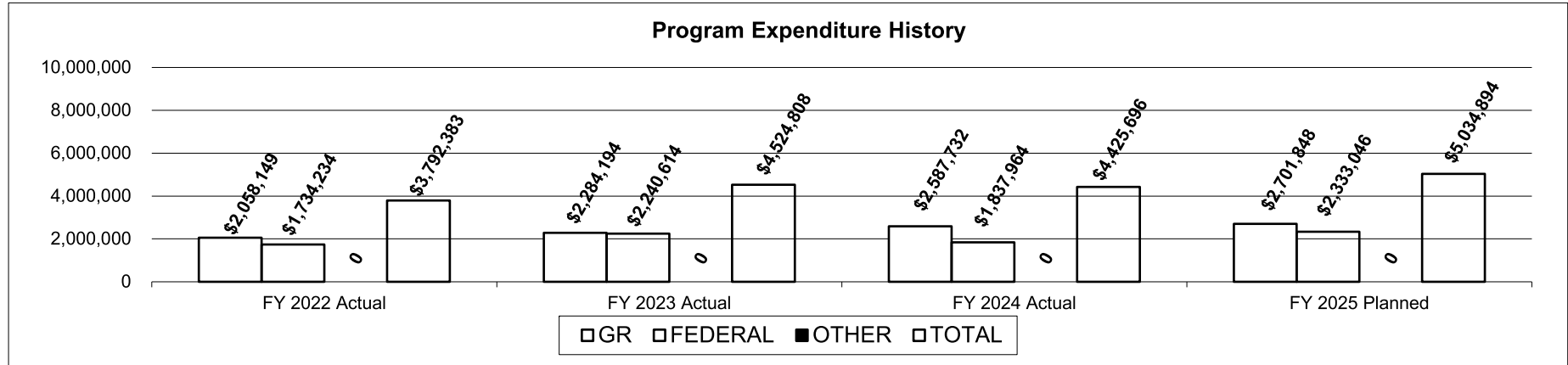**2c. Provide a measure(s) of the program's impact. (Continued)**
- Fiscal Effort for Developmental Disability Services

Total Spending per $1,000 Personal Income
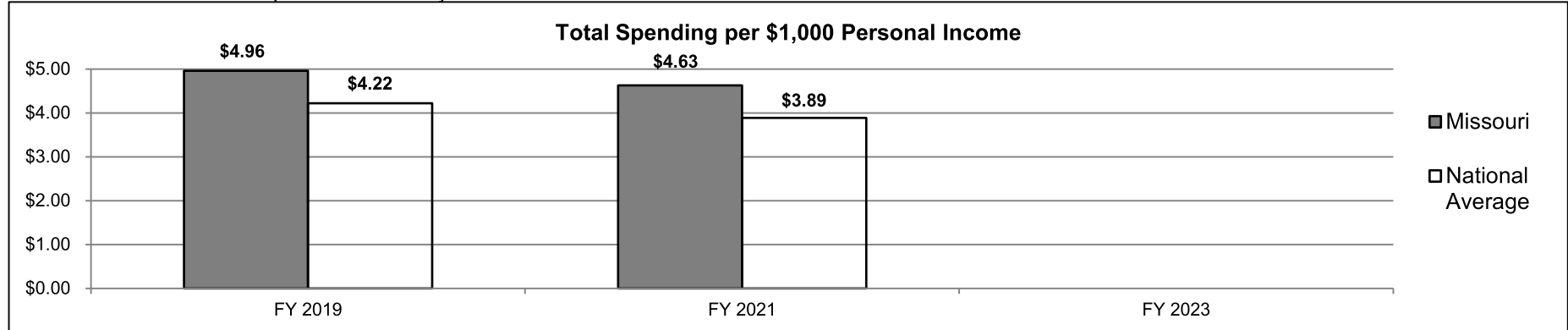
Note: Data comes from the University of Colorado State of the States in Intellectual and Developmental Disabilities survey. Reflects total spending for Intellectual Developmental Disabilities (IDD) services in Missouri per $1,000 of statewide aggregate personal income. FY 2023 data is not yet available.
Source: 2021 Total Community Institution; Tanis, E.S., et al. (2023). The State of the States in Intellectual and Developmental Disabilities, Kansas University Center on Developmental Disabilities, the University of Kansas. https://stateofthestates.ku.edu/sites/stateofthestates/files/2023-11/Missouri-6pg.pdf

2d. Provide a measure(s) of the program's efficiency.
- Total administration costs as a percent of total budget
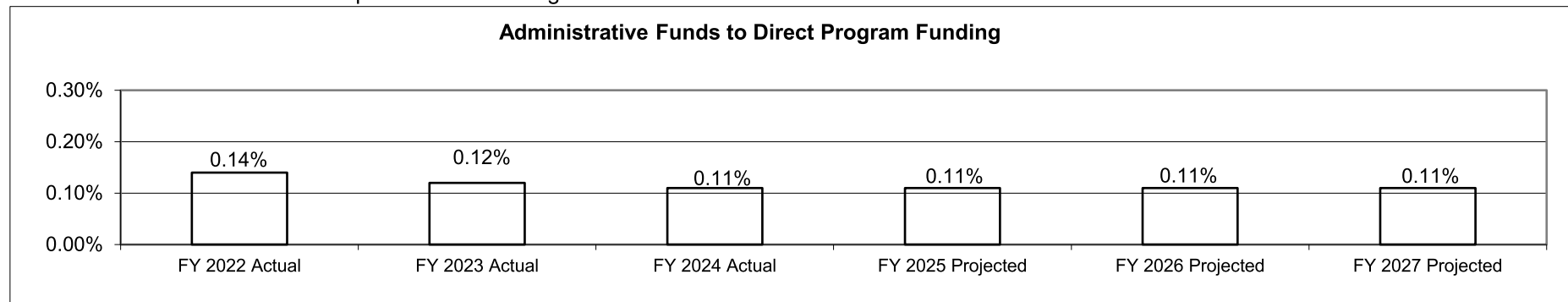
Administrative Funds to Direct Program Funding

PROGRAM DESCRIPTION

Department: Mental Health   **AB Section(s): 10.400, 10.410**

Program Name: DD Administration

Program is found in the following core budget(s):   DD Administration, Community Programs

3. **Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.**

(Note: Amounts do not include fringe benefit costs.)

Program Expenditure History

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Planned
GR	$2,058,149	$2,284,194	$2,587,732	$2,701,848
FEDERAL	$1,734,234	$2,240,614	$1,837,964	$2,333,046
OTHER	0	0	0	0
TOTAL	$3,792,383	$4,524,808	$4,425,696	$5,034,894

□GR □FEDERAL ■OTHER □TOTAL

4. **What are the sources of the "Other" funds?**

Not applicable.

5. **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

Section 633.010 and 633.015, RSMo.

6. **Are there federal matching requirements? If yes, please explain.**

No.

7. **Is this a federally mandated program? If yes, please explain.**

No.

PROGRAM DESCRIPTION

Department: Mental Health   **AB Section(s):** 10.410, 10.420, 10.555
Program Name: In-Home Supports
Program is found in the following core budget(s): DD Community Programs

1a. What strategic priority does this program address?

Supporting independence and self-sufficiency of Missourians with developmental disabilities by increasing employment rates and fostering self sufficiency, building systems of positive behavior supports, and increasing the use of technology to provide increased levels of independence.

1b. What does this program do?

In-Home services is designed to 1) support families to preserve the natural family structure, 2) teach individuals self-sufficiency in order to live as independently as possible when it is time to move out of the family home, and 3) to help individuals already living on their own to learn new skills and build on existing skills in order to maximize their independence and to live the life they choose. In-Home services are available to individuals who live with family or may live on their own but are not receiving residential services. These services are currently provided to 17,280 individuals. In-Home services include, but are not limited to: individual skill development, respite, transportation, personal assistance, day habilitation, community networking, employment training and support, behavior services and assistive technology. Assistive technology offers solutions for individuals to have more control over their environment and surroundings, supporting them to be as independent as possible. This technology includes smart devices, seizures monitors, pressure location devices, auto lighting for safety, auto opening doors, medication dispensers, coaching applications, reminder systems, appliance sensors and Remote Support (RS). RS has the potential to aide in the direct support staffing crisis. Consumers accessing remote supports decreases reliance on in-person staff so those staff can redirect to other people who need support.

Individuals each have a service plan that identifies state services needed, generic supports available through local resources as well as natural support provided by family and friends. Individuals choose services which meet their needs, allowing individuals to access employment and support individuals along with their families to more fully participate in their community. In the FY 2024 budget, the Missouri General Assembly appropriated funding to continue value based payment initiatives to incentivize and enhance favorable outcomes for individuals. These payments impact in-home services such as remote services expansion and employment. These supports are funded by a combination of state and federal funds through four separate Medicaid Waivers administered by the Division of DD and the MO HealthNet Division (MHD) in the Department of Social Services (DSS).

●The Comprehensive Waiver for persons with developmental disabilities, which began in FY 1989, is the only Medicaid Waiver which provides for residential services and supports in settings such as group homes and supported living. In FY 2024, 9,027 individuals were served through the Comprehensive Waiver, of which 7,433 received residential services. The remaining 1,594 lived on their own or with family. Until other waivers were available, this waiver served all eligible individuals. Currently, only individuals with the highest prioritization of need for residential services are enrolled in this waiver.
●The Community Support Waiver which began in July 2003, serves individuals who do not require residential services. This waiver provides a wide range of supports for individuals. The total cost of waiver services required to meet the person's needs must not exceed $40,000 annually, except in special circumstances. Individuals presenting to the Division who require a high level of support, but do not need residential, are assigned to the Community Support Waiver. In FY 2024, 6,509 individuals were served in the Community Support Waiver.

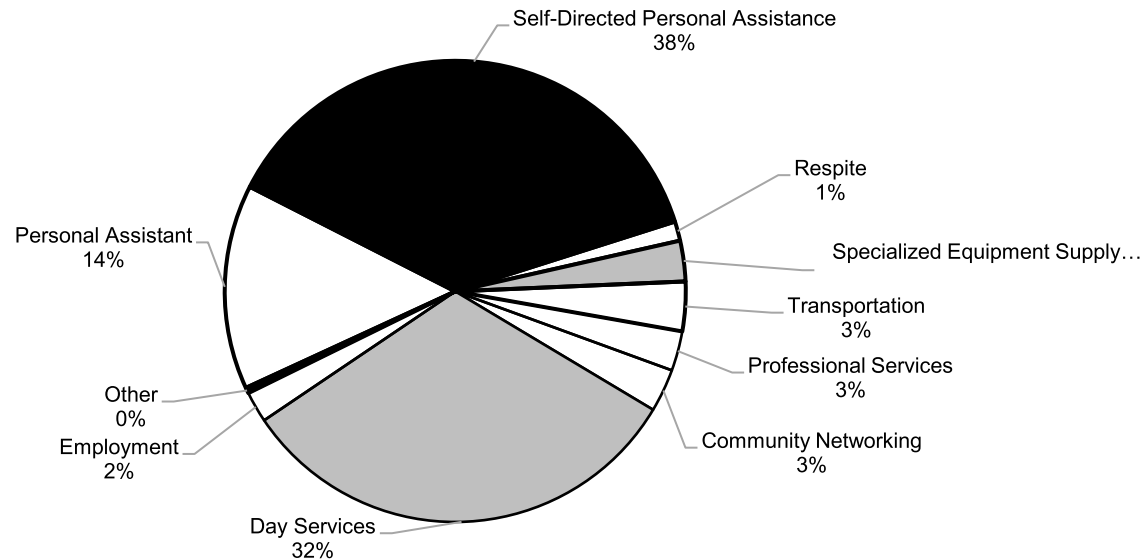| PROGRAM DESCRIPTION	
Department: Mental Health	**AB Section(s): 10.410, 10.420, 10.555**
Program Name: In-Home Supports	
Program is found in the following core budget(s): DD Community Programs	

1b. What does this program do? (Continued)

●The Missouri Children's Developmental Disabilities Waiver (MOCDD Waiver) targets children under the age of 18 with special needs. MO HealthNet guidelines require parental income and resources to be considered in determining the child's financial eligibility for MO HealthNet when the child lives in the home with their parents. This requirement of deeming parental income to the child is waived for children who participate in the MOCDD Waiver. As a result, only income and resources that are specific to the child are considered when determining financial eligibility for this waiver. In FY 2024, 309 individuals were served in this waiver.
●The Partnership for Hope (PfH) Waiver is a county-based waiver approved in October 2010. State match costs are split 50/50 with the county in which the individual resides. Services are available only in counties with a Senate Bill 40 Board (SB40) and who have agreed to participate in this waiver. PfH served 1,435 individuals in FY 2024. The total cost of waiver services required to meet the person's needs must not exceed $12,362 annually, or $15,000 annually if an exception is granted.

2a. Provide an activity measure(s) for the program.
▪ Increase in-home supports to individuals and their families to enable persons with developmental disabilities to live in their communities.

Expenditures of In-Home Services by Category

- Self-Directed Personal Assistance 38%
- Respite 1%
- Specialized Equipment Supply…
- Transportation 3%
- Professional Services 3%
- Community Networking 3%
- Day Services 32%
- Employment 2%
- Other 0%
- Personal Assistant 14%

Note: The percentage provided is based on FY 2024 total In-Home expenditures for each type of service received

PROGRAM DESCRIPTION

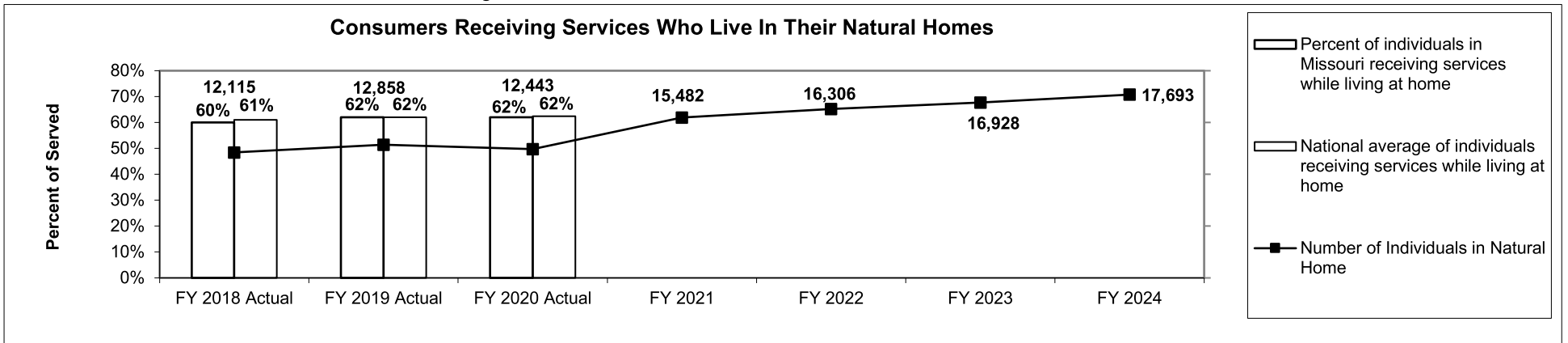|	
Department: Mental Health	AB Section(s): 10.410, 10.420, 10.555
Program Name: In-Home Supports	
Program is found in the following core budget(s): DD Community Programs	

**2a. Provide an activity measure(s) for the program. (Continued)**
- Number of consumers served in the following MO HealthNet waivers by fiscal year:

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
Comprehensive Waiver	8,645	8,789	9,027	9,027	9,027	9,027
Community Support Waiver	4,702	5,549	6,509	6,509	6,509	6,509
Mo Children with DD Waiver	305	312	309	309	309	309
Partnership for Hope Waiver	2,077	1,903	1,435	1,435	1,435	1,435
	15,729	16,553	17,280	17,280	17,280	17,280

- To increase the number of individuals receiving services who live in their natural home.

Consumers Receiving Services Who Live In Their Natural Homes

Note: The Percent of Total Served is based on the Residential Information Services Project (RISP). National RISP data for 2021-2024 has not yet been released. More consumers are receiving services in their homes enabling them to fully be included in all aspects of home, school and community life.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.410, 10.420, 10.555

Program Name: In-Home Supports

Program is found in the following core budget(s): DD Community Programs

2a. Provide an activity measure(s) for the program. (Continued)
- Percent of Waiver Participants Self-Directing their own services, thereby promoting self-determination.

Waiver Participants Self-Directing Services
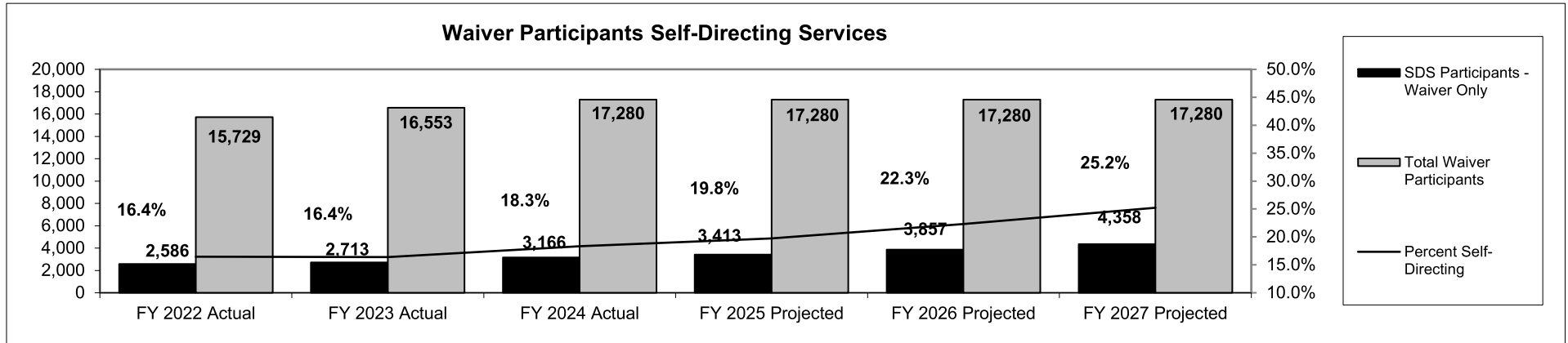
Note: In FY 2024, Missouri had 18.3% of waiver participants self-directing services. Twenty-two states report at least 10% of individuals using self-directed services, according to the NCI Adult In-Person Survey. Twelve states report at least 20% being self-directed. 28 states responded to this measure.

2b. Provide a measure(s) of the program's quality.
- Overall, are you satisfied with the services and supports your family currently receives?

NCI Adult Family Survey - Satisfaction
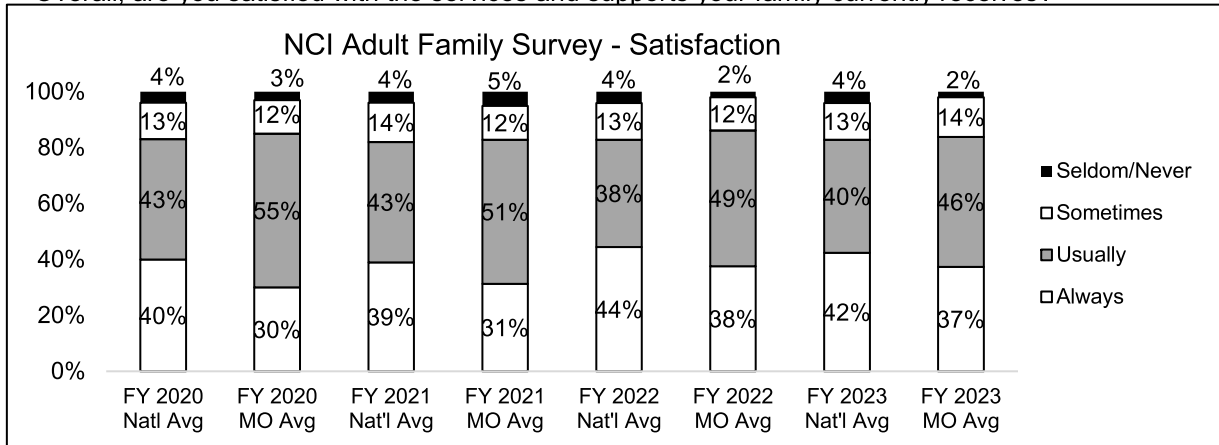
Note: Based on National Core Indicator (NCI) Adult Family Survey (AFS) results. NCI is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. The AFS is completed by family members of individuals receiving services. In FY 2023, 263 surveys were completed. FY24 data will be available May 2025.

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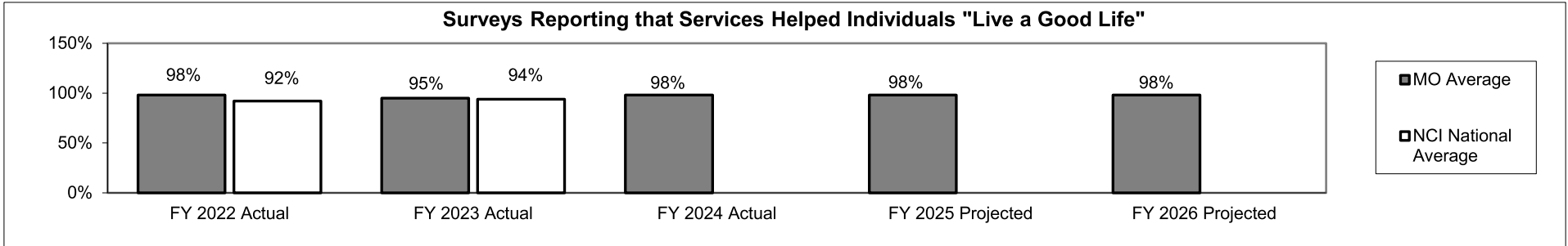| PROGRAM DESCRIPTION	
Department: Mental Health	**AB Section(s): 10.410, 10.420, 10.555**
Program Name: In-Home Supports	
Program is found in the following core budget(s): DD Community Programs	

**2b. Provide a measure(s) of the program's quality. (Continued)**
- To improve satisfaction of individuals with developmental disabilities.

Surveys Reporting that Services Helped Individuals "Live a Good Life"

National Core Indicators (NCI) is a voluntary effort by public developmental disabilities agencies to measure and track system performance. This data is from the Adult Family Survey, which is completed by family members of adults with IDD. During FY 2023, 247 family members in Missouri and 4,429 at the national level responded to this measure. FY 2024 data will be available May 2025.

2c. Provide a measure(s) of the program's impact.
- To promote individual self-sufficiency.

Community Employment Authorizations and Paid Services
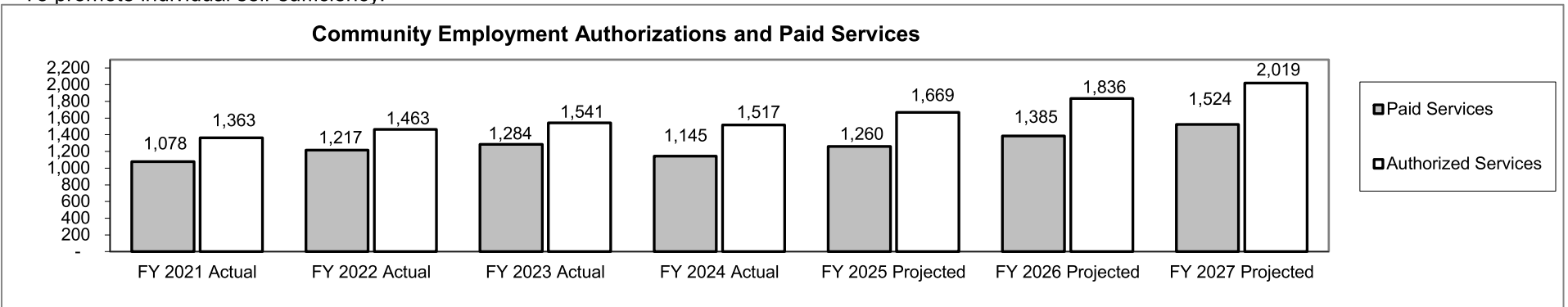
Note: Includes individuals age 18+ with an open episode of care. As of FY 2022, Missouri had 1,463 (19.4%) individuals with employment services. Nationally, 22% of individuals received employment services. (Source: StateDate.info, National Survey of State IDD Agency Day and Employment Services conducted by University of Massachusetts, Boston.) Missouri's stretch target was projected to be 35% for FY 2025 - FY 2027; however, COVID-19 impacted employment opportunities. Data beyond FY 2022 has not yet been published.

PROGRAM DESCRIPTION
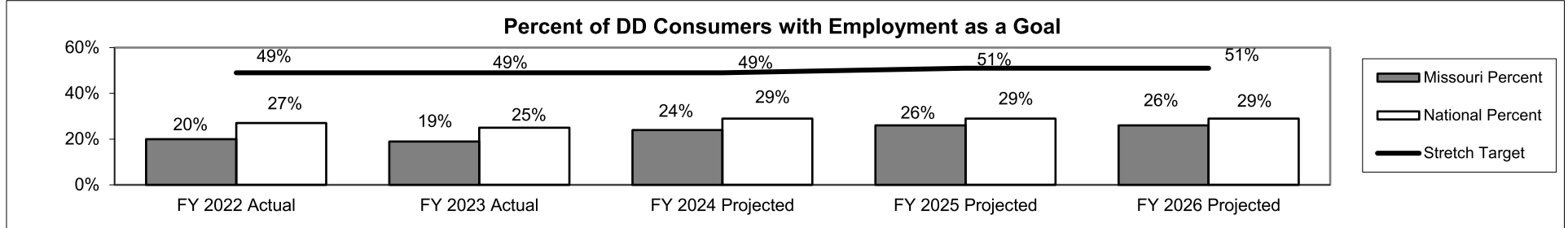
Department: Mental Health	AB Section(s): 10.410, 10.420, 10.555

Program Name: In-Home Supports

Program is found in the following core budget(s): DD Community Programs

2c. Provide a measure(s) of the program's impact. (Continued)
- How successful is Missouri in identifying employment as a planning goal.

Percent of DD Consumers with Employment as a Goal

Note: Based on National Core Indicator (NCI) In-Person Survey survey results. The NCI is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. *Due to the COVID-19 Pandemic the FY 2020 In-Person Survey (IPS) survey data collection period was unexpectedly abbreviated and NCI made the decision not to publish NCI (national) averages for this survey. Surveying resumed in FY 2021. In FY 2023, 403 surveys were completed in MO and 15,058 surveys were completed nationally. FY 2024 data is anticipated to be released in Spring 2025.

- To improve consumer independence, autonomy, health and safety through utilization of Assistive Technology and Remote Support.

Number of DD Individuals Utilizing Assistive Technology and/or Remote Supports
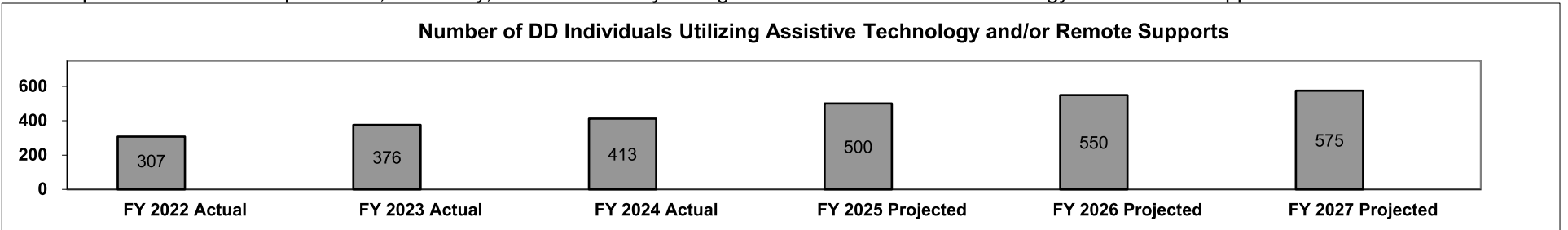
Notes: Remote Supports (RS) is the combination of technology in the person's home and a call center or information center that interprets the data collected by the technology and responds or calls an in-person support person when data indicates, or the consumer indicates, an in-person response is necessary. Due to the recognized national success and innovation of RS, DD created Value Based Payment (VBP) via a shared savings model with providers implementing RS. Shared savings is possible due to the fact that the combined cost of the technology and response center is much less than the cost of in-person services.

PROGRAM DESCRIPTION

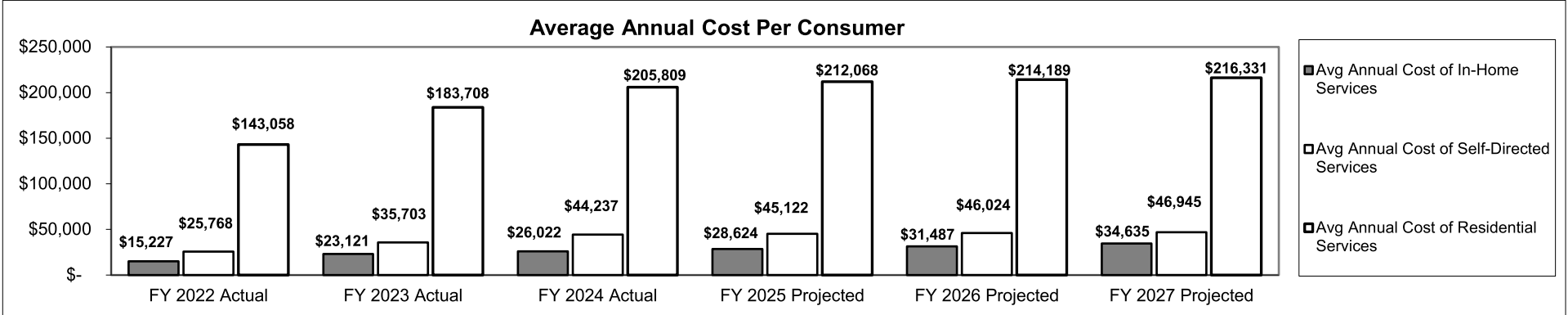Department: Mental Health   AB Section(s): 10.410, 10.420, 10.555

Program Name: In-Home Supports

Program is found in the following core budget(s): DD Community Programs

2d. **Provide a measure(s) of the program's efficiency.**
- To provide more cost effective alternative to residential placement.

Average Annual Cost Per Consumer

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
Avg Annual Cost of In-Home Services	$15,227	$23,121	$26,022	$28,624	$31,487	$34,635
Avg Annual Cost of Self-Directed Services	$25,768	$35,703	$44,237	$45,122	$46,024	$46,945
Avg Annual Cost of Residential Services	$143,058	$183,708	$205,809	$212,068	$214,189	$216,331

Note: Average annual cost of residential services includes group home, shared living and Individualized Supported Living (and excludes Intensive Therapeutic Residential Habilitation). Cost includes four consecutive years of provider rate increases FY 2022 to FY 2025. The legislature increased budgets to fund residential providers at a rate supporting a $17.02/hour wage for direct support professionals. Data reflects that it costs significantly less to serve individuals in their home as compared to the individuals who live in contracted residential settings. The Division of DD continues to promote and enhance its in-home services to provide necessary supports for families and individuals to avoid costly residential placement.

PROGRAM DESCRIPTION

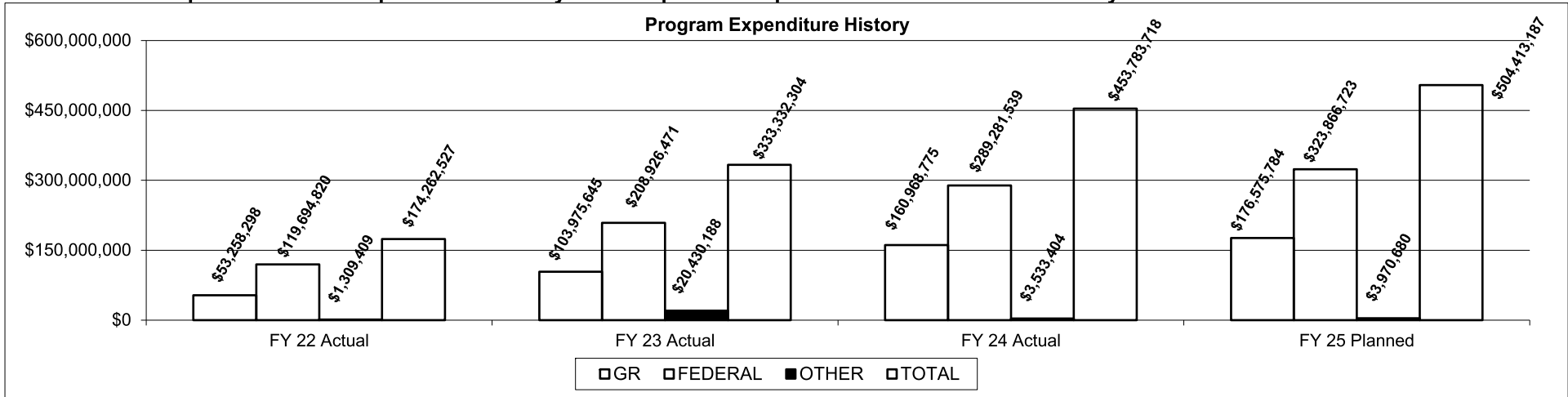Department: Mental Health   AB Section(s): 10.410, 10.420, 10.555

Program Name: In-Home Supports

Program is found in the following core budget(s): DD Community Programs

3.   Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.

Program Expenditure History

FY 22 Actual: $53,258,298 / $119,694,820 / $1,309,409 / $174,262,527
FY 23 Actual: $103,975,645 / $208,926,471 / $20,430,188 / $333,332,304
FY 24 Actual: $160,968,775 / $289,281,539 / $3,533,404 / $453,783,718
FY 25 Planned: $176,575,784 / $323,866,723 / $3,970,680 / $504,413,187

☐GR   ☐FEDERAL   ■OTHER   ☐TOTAL

Note: Increase in General Revenue and Federal expenditures is a result of four consecutive fiscal years of provider rate increases.

4.   **What are the sources of the "Other" funds?**
"Other" funds include Mental Health Local Tax Match (0930), Mental Health Interagency Payment Fund (0109), HCBS FMAP Enhancement Fund (2444) and Developmental Disabilities Wait List Fund (0986).

5.   **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**
Chapter 633, RSMo. (support services defined in Sections 630.405 through 630.460).

6.   **Are there federal matching requirements? If yes, please explain.**
The Division of DD provides the state share of the cost of services that it provides to eligible consumers.

7.   **Is this a federally mandated program? If yes, please explain.**
No. However, the Division of DD agrees to certain mandated terms as part of the MO HealthNet Waiver.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): ___10.410___
Program Name: Residential Services	
Program is found in the following core budget(s): DD Community Programs	

1a. What strategic priority does this program address?

Supporting independence and self-sufficiency of Missourians with developmental disabilities by increasing employment rates and fostering self-sufficiency, building systems of positive behavior supports, and increasing the use of technology to promote increased levels of independence.

1b. What does this program do?

The Division of Developmental Disabilities (DD) ensures residential supports are available to help citizens of Missouri with intellectual and developmental disabilities through funding group and individualized living arrangements and promoting the use of evidenced based practices of support and use of technology to support independent community living. This service model has the flexibility to provide round-the-clock support and protective oversight to individuals who cannot be supported in their own home using In-Home services or by family members. This program is operated through a network of privately contracted and state-operated providers in settings including group homes, apartments, and single family homes with the goal of integrating each individual into their local community as much as possible. These services are funded through the Comprehensive Medicaid Waiver and Medicaid State Plan for a small number of homes licensed as Intermediate Care Facilities for the Individuals with Intellectual Disabilities (ICF/IID). The individual's income, derived from Social Security benefits, wages, and other sources, is used to cover the cost of rent, utilities, food, and other household expenses which are not billable to Medicaid.

Oversight is provided by direct support professionals (DSPs). The cost of DSP wages and associated benefits is the driving cost for this service. The presence of DSP while needed is also considered the most intrusive and costly type of support to people with intellectual and developmental disabilities (IDD). Consequently the overarching goal for any residential service is to teach skills to increase self-sufficiency and to utilize remote supports, assistive technology and modifying the home environment to maximize independence and reduce the need for DSP support. It is the responsibility of the provider to ensure staff meet all employment requirements, as well as receive required trainings. Data indicates providers who implement positive behavior support (PBS) training see a reduction in negative interactions between staff and individuals which can decrease the level of DSP support needed and is the focus of a Value Based Payment incentive. A residential provider also delivers transportation to activities, provides personal funds management, coordination of daily activities, and oversight of health and safety. Additionally, providers may support the individual through services that address needs such as skill development, employment, community integration, and behavioral improvement.

Currently, only new individuals deemed in crisis need for residential services are enrolled in this program. To be eligible for the Comprehensive Waiver, an individual must be Medicaid eligible and meet the criteria of a standardized assessment that determines the individual's level of care. The Division of DD maintains a list of individuals who have requested this level of service. Each individual is scored based on a priority of need (PON) assessment that establishes their acuity and determines their eligibility for this service. Each fiscal year, based on funding appropriated, the Division of DD provides comprehensive waivers to individuals assessed with the highest need first. Priority for residential placement also includes individuals transitioning from Children's Division custody, nursing homes or other institutions ICF/IID facilities.

The funding for this program includes state match and federal authority to draw down federal match. The Division of DD was awarded funding in FY 2023 to implement value-based payments to providers utilizing Home and Community Based Services (HCBS) FMAP Enhancement dollars. These payments included incentives for utilizing tiered behavior supports, enhancing the DSP workforce through certification and training, and completing the Health Risk Screening Tool.

PROGRAM DESCRIPTION
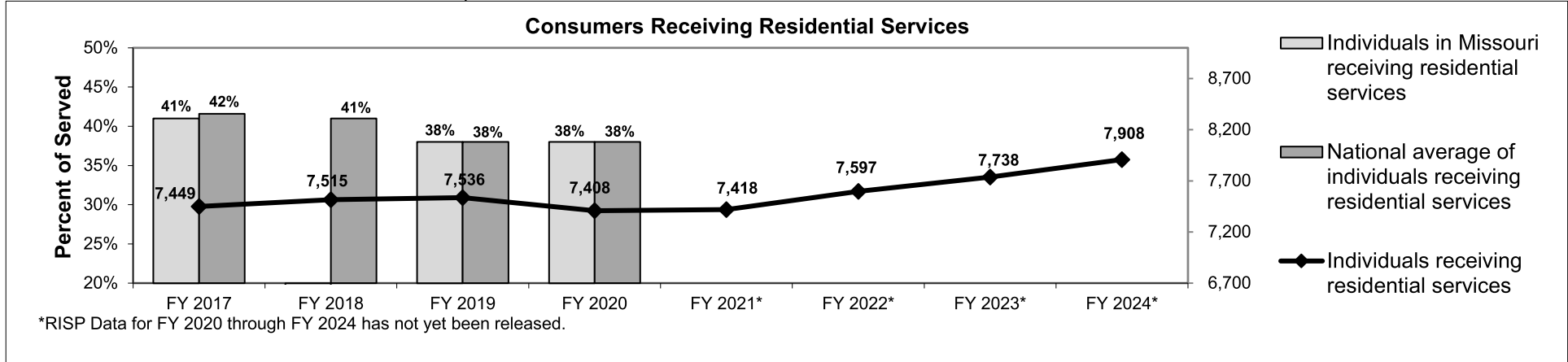
Department: Mental Health   AB Section(s):   **10.410**

Program Name: Residential Services

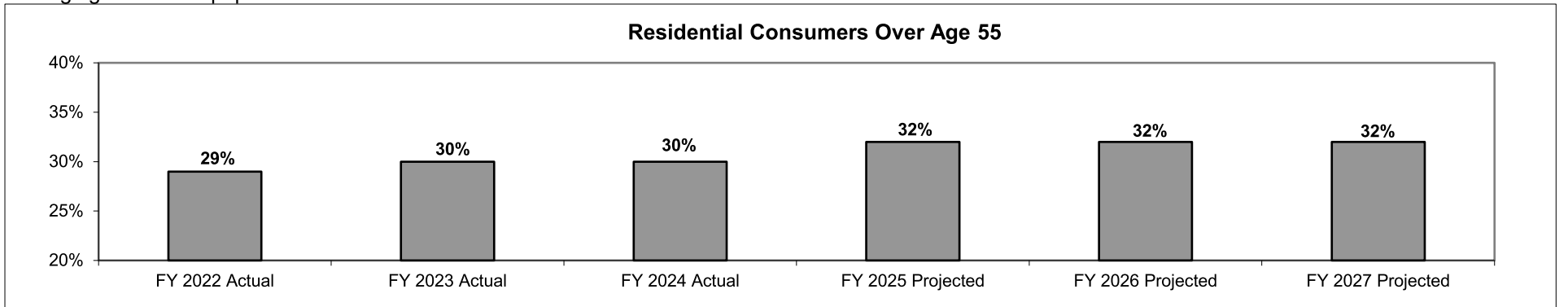Program is found in the following core budget(s): DD Community Programs

2a. Provide an activity measure(s) for the program.

- Number of consumers served in residential placements.

Consumers Receiving Residential Services

- Individuals in Missouri receiving residential services
- National average of individuals receiving residential services
- Individuals receiving residential services

*RISP Data for FY 2020 through FY 2024 has not yet been released.

Note: The Percent of Total Served is based on the Residential Information Services Project (RISP) annual survey compiled by University of Minnesota. RISP data for FY 2021 - FY 2024 has not yet been released.

- Aging residential population.

Residential Consumers Over Age 55

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
	29%	30%	30%	32%	32%	32%

PROGRAM DESCRIPTION

Department: Mental Health	**AB Section(s): 10.410**
Program Name: Residential Services	
Program is found in the following core budget(s): DD Community Programs	

2a. Provide an activity measure(s) for the program. (Continued)
- Reduce risk for individuals in DD residential services by improving behavior supports.

DD Residential Population Demonstrating Levels of Risk (similar to Public Health Risk Model)
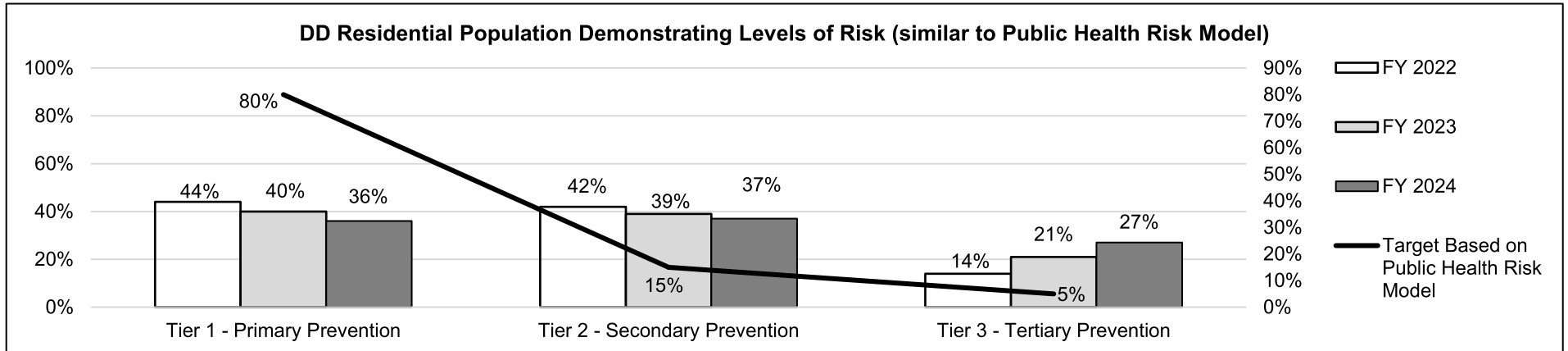
Note: The graph reflects the needs for support of individuals receiving residential services from the Division. Ideally, following the Public Health Risk Model, Tier 1, or the primary prevention, would address the needs of approximately 80% of the population through universal supports important for all. Tier 2, secondary prevention would address the needs of those who are experiencing additional risk even with the universal supports; this should be 15% of the population. Tier 3, or tertiary prevention, should be necessary for only 5% of the population if the other prevention levels are working well. This is the highest level of need requiring intensive and individualized services. The DD residential population consistently has higher levels of risk and the multi-tiered system of support efforts as well as all other efforts of the Division of DD are directed towards improving these supports to reduce the risk.

PROGRAM DESCRIPTION

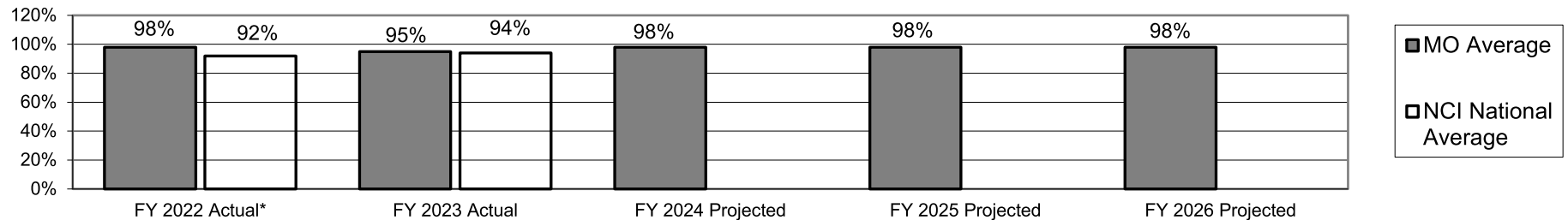|	
Department: Mental Health	AB Section(s): 10.410

Program Name: Residential Services

Program is found in the following core budget(s): DD Community Programs

2b. Provide a measure(s) of the program's quality.

- Improve satisfaction of individuals with developmental disabilities.

Surveys Reporting that Services Helped Individuals "Live a Good Life"

National Core Indicators (NCI) is a voluntary effort by public developmental disabilities agencies to measure and track system performance. This data is from the Adult Family Survey, which is completed by family members of adults with IDD. During FY 2023, 247 family members in Missouri and 4,429 at the national level responded to this measure. FY 2024 data will be available May 2025.

- To improve quality outcomes by staff stability.

Direct Support Professional Tenure
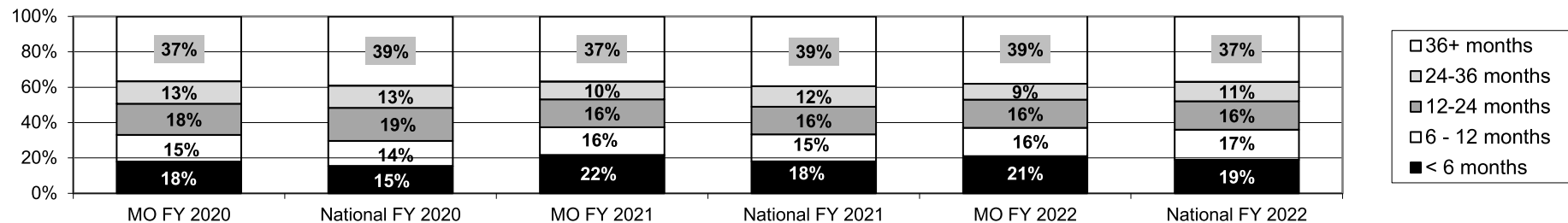
Note: Based on National Core Indicator Staff Stability Survey/State of the Workforce results. The National Core Indicators is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. Data represents length of time direct support professional staff are employed with provider agencies and is based on the calendar year (CY). Missouri's CY 2023 data has been submitted for the national report that will be released in early 2025.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.410

Program Name: Residential Services

Program is found in the following core budget(s): DD Community Programs

**2b. Provide a measure(s) of the program's quality. (Continued)**
- Increase participation in tiered supports, thereby effectively reducing behavior problems and improving quality of life for individuals.
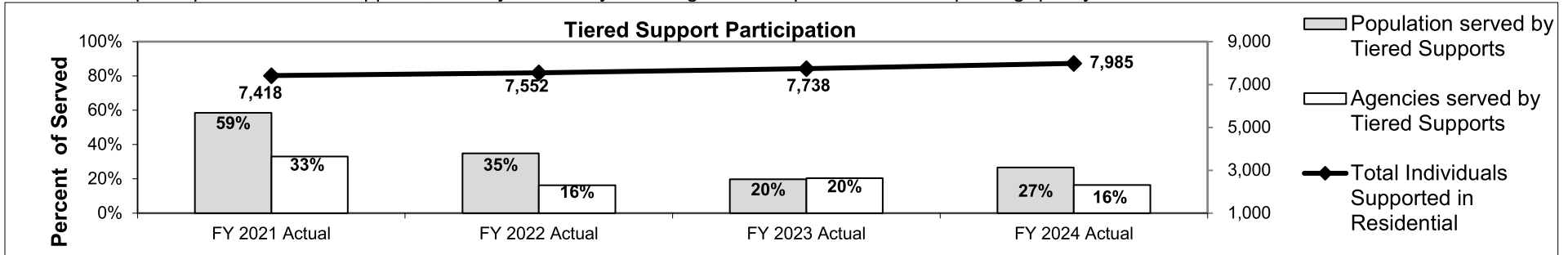
Note: When agencies have systems of best-practice positive behavior support, individuals have increased quality of life and less behavior problems. The Division's Multi-Tiered System of Support (MTSS) team assist participating agencies to develop and implement these best practice systems. The data represents agencies that have been active in the Tiered Support process of consultation at any point during the FY. The current level of Tiered Supports represents the max capacity of state staff to deliver consultation and agency capacity to maintain efforts during both maintain operations and manage through the staffing crisis. The projected decrease in percentage is a product of increase in high risk individuals and providers having staffing issues which are significantly impacting their ability to deliver services.

2c. Provide a measure(s) of the program's impact.
- Minimize community residential injuries to individuals served.
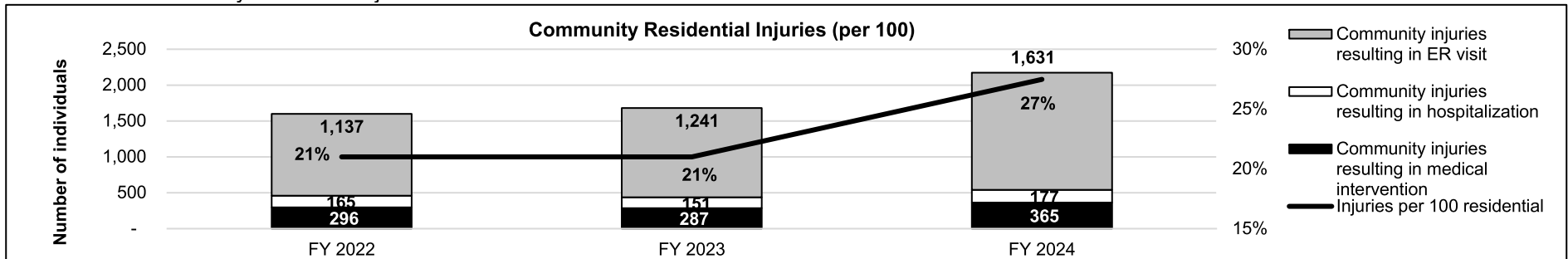
Note: Data reflects number of injuries resulting in emergency room visits, hospitalization, and medical interventions. A stable, trained workforce can help to reduce injuries. For FY 2024, there was an increase in the number of reported injuries with a direct correlation to an increase of falls. Potential factors to the increase of falls with injuries could be a result of the individuals becoming more active in their communities due to lift of COVID restrictions and increase of outdoor activities.

PROGRAM DESCRIPTION

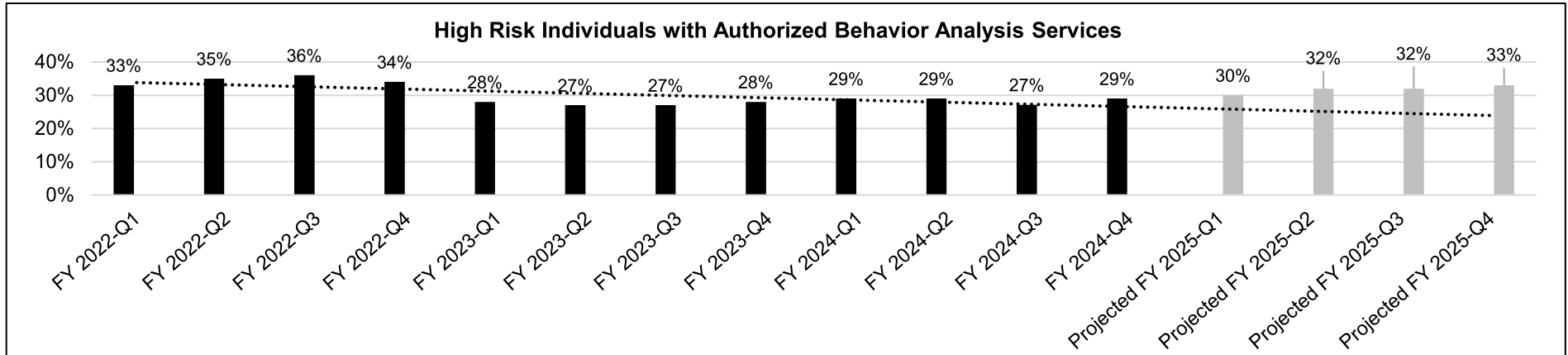Department: Mental Health   AB Section(s):   **10.410**

Program Name: Residential Services

Program is found in the following core budget(s): DD Community Programs

2c. Provide a measure(s) of the program's impact. (Continued)
- Statewide growth of behavior services addressing need.

High Risk Individuals with Authorized Behavior Analysis Services

Note: Individuals who exhibit high-risk behaviors benefit from accessing behavior analytic services that create the opportunity to have intensive, individualized supports. The highest risk individuals are identified for review by the Behavior Support Review committee. Providers that support At-Risk and High Risk individuals are also invited to attend the Provider Support Community. Behavior Analytic service agencies have access to various clinical development opportunities facilitated by the Multi-Tiered System of Support (MTSS) team and the Missouri Alliance for Dual Diagnosis (MOADD). The MTSS team is also working on reducing the number of high risk individuals that would require intensive behavior analytic service through development of prevention systems (see 2b. - Tiered Supports Participation). The projected decrease in percentage is a product of increase in high risk individuals and ABA providers having staffing issues which are significantly impacting their ability to deliver services.
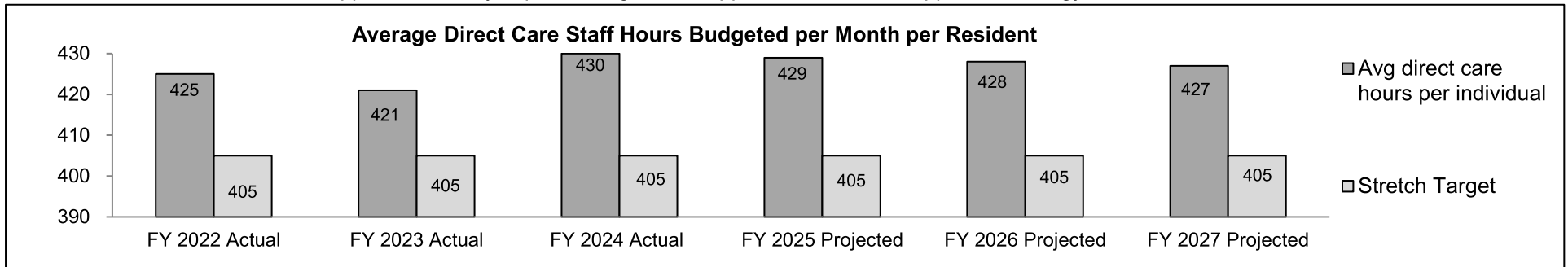
PROGRAM DESCRIPTION

Department: Mental Health   **AB Section(s):   10.410**

Program Name: Residential Services

**Program is found in the following core budget(s): DD Community Programs**

▪ To reduce the level of direct support needed by implementing tiered supports and remote support technology.

Average Direct Care Staff Hours Budgeted per Month per Resident

Note: Organizations implementing Remote Supports and Tiered Supports have significantly fewer average staffing hours than other non-implementing organizations. Where non-implementing organizations have an average of 478 hours, providers implementing both TS and RS have an average of 345 hours. Both programs are still working to increase the number of organizations implementing the programs which will be needed to see population level reductions in staffing hours.

2d. Provide a measure(s) of the program's efficiency.
▪ Number of consumers who's needs have been assessed or reassessed.
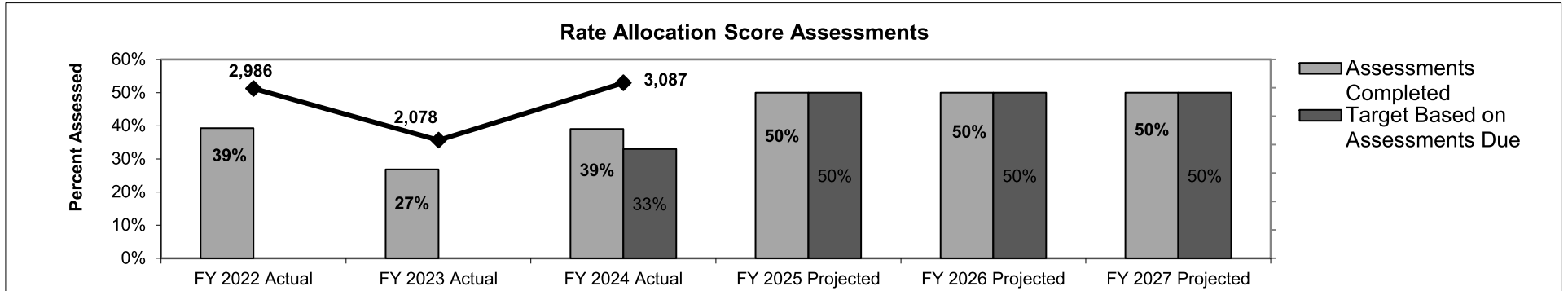
Rate Allocation Score Assessments

Note: The Division uses a Rate Allocation Score (RAS) to determine residential rates. The Missouri Adaptive Ability Score (MAAS) is a tool developed by the Missouri Department of Mental Health - Division of Developmental Disabilities in conjunction with the Missouri Institute on Mental Health (MIMH). The MAAS measures an individual's support needs in a variety of areas in order to identify the level of supports an individual requires. The above data represents Residential Level of Care (LOC) Renewals and Critical Service Situations assessment types. This data does not include the number of assessments requested for rate allocation score update purposes. That particular data is not available.

PROGRAM DESCRIPTION
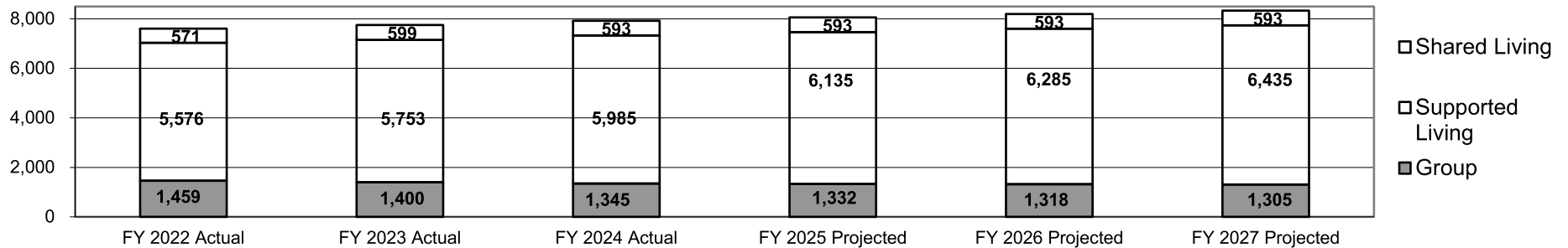
Department: Mental Health   **AB Section(s):   10.410**

Program Name: Residential Services

Program is found in the following core budget(s): DD Community Programs

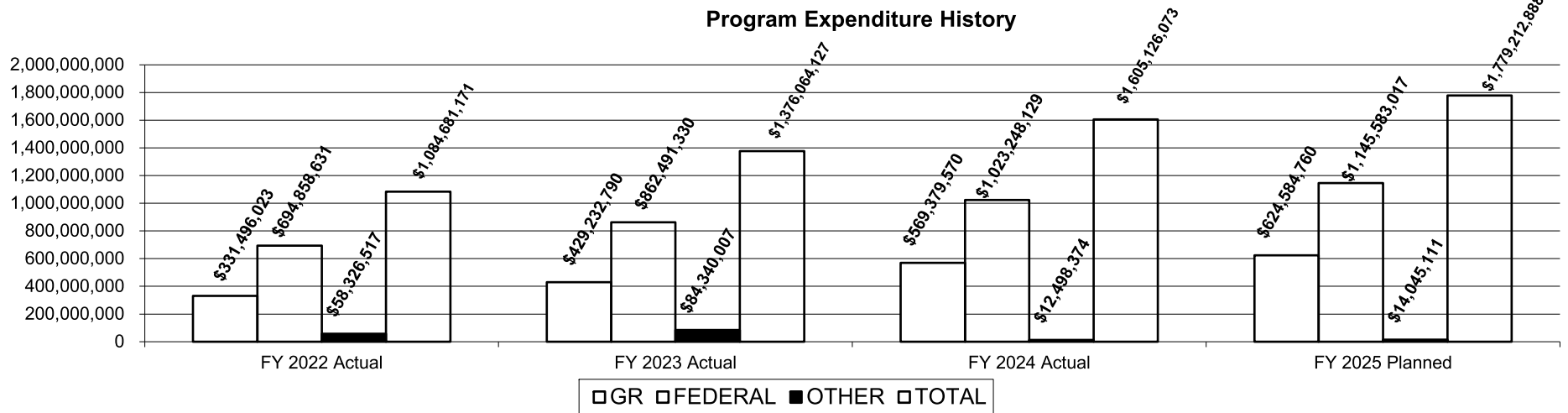- To increase individuals living in the least restrictive setting, congregate being the most restrictive setting.

Congregate vs Individualized Settings

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
Shared Living	571	599	593	593	593	593
Supported Living	5,576	5,753	5,985	6,135	6,285	6,435
Group	1,459	1,400	1,345	1,332	1,318	1,305

Note: The average per diem for all services received by an individual in residential supports is $638.12

3. **Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.**
   (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Planned
GR	$331,496,023	$429,232,790	$569,379,570	$624,584,760
FEDERAL	$694,856,631	$862,491,330	$1,023,248,129	$1,145,583,017
OTHER	$58,326,517	$84,340,007	$12,498,374	$14,045,111
TOTAL	$1,084,681,171	$1,376,064,127	$1,605,126,073	$1,779,212,888

NOTE: Increased FED and GR expenditure amounts include provider rate increases appropriated over four consecutive fiscal years (FY 2022 - FY 2025). Higher other expenditures in FY 2022 and FY 2023 include one-time funds for ARPA and HCBS FMAP Enhancement funds.

PROGRAM DESCRIPTION

Department: Mental Health

AB Section(s): __10.410__

Program Name: Residential Services

Program is found in the following core budget(s): DD Community Programs

4. **What are the sources of the "Other" funds?**
    Mental Health Local Tax Match (0930) and Mental Health Interagency Payment Fund (0109).

5. **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**
    Chapter 633, RSMo. (traditional residential defined in Sections 630.605 through 630.660 and 633.110).

6. **Are there federal matching requirements? If yes, please explain.**
    The Division of DD provides the state share of the cost of services that it provides to eligible individuals.

7. **Is this a federally mandated program? If yes, please explain.**
    No. However, the Division of DD agrees to certain mandated terms as part of the Comprehensive Waiver.

PROGRAM DESCRIPTION

Department: Mental Health   AB Section(s): _____10.410_____

Program Name: Autism

Program is found in the following core budget(s): Autism Centers

1a. What strategic priority does this program address?

Services increase community capacity to diagnose autism spectrum disorder, support community inclusion, positive behaviors, independence, and employment for individuals with Autism Spectrum Disorder (ASD) and their families.

1b. What does this program do?

The Division of Developmental Disabilities (DD) provides specialized services for individuals diagnosed with ASD and their families. These services are provided through Department of Mental Health (DMH) Medicaid waivers, Missouri's Autism Projects, and through specialized diagnostic clinics. There are approximately 18,098 individuals with an autism diagnosis who are enrolled with the Division of DD. In total, $563 million is being spent on supports for individuals with an autism diagnosis.

Autism is a complex neurodevelopmental disorder that includes a broad range of conditions that affects social interaction, communication, and behavior. Autism is the fastest growing developmental disability in the United States with a prevalence rate of 1 in 36, according to the Centers for Disease Control and Prevention (2023). Boys are 4 times more likely to be diagnosed with autism than girls. This ratio is consistent with reports from Missouri's Autism Centers. The range and severity of ASD can vary widely from mild to severe impairment. Common symptoms include difficulty with communication, difficulty with social interaction, obsessive interests, and repetitive behaviors. Early recognition along with behavioral, educational, and family-based interventions may reduce symptoms and support development and learning.

DD provides residential, home, and community based services to individuals with ASD through four Medicaid waivers. In addition, DD oversees five regional Autism Projects in Missouri: Southeast, Southwest, Central, Northwest, and East, each governed by a local Parent Advisory Council (PAC). Each of these local advisory groups make funding and provider recommendations of General Revenue funds for its region. Based on PAC recommendations, DD contracts with local providers for a variety of intervention services aimed at supporting families and helping them keep their loved ones integrated within the home and community.

In FY 2025, DD recieved funding to provide ASD diagnositc evaluations and intervention services in Southwest Missouri. DD has contracted with a large-scale diagnostic and treatment clinic in Springfield to create more access to diagnostic and intervention services in Southwest Missouri. With the addition of the Autism Center in Springfield, DD now contracts with seven regional Autism Centers and two intervention centers to provide ASD diagnostic evaluations and intervention services. Missouri's Autism Centers are clinics which provide best practice diagnostic evaluations and referrals for children, as well as training for families and community education. In addition, Missouri's Autism Centers provide clinical training to and serve as a statewide resource for the medical and clinical community to advance evidence-based and emerging best practices for ASD diagnostics and intervention.

In addition to increased funding for diagnostic services, DD received funding to increase treatment services for indivdiuals with autism in Southwest Missouri. DD has contracted with a provider to expand their residential treatment facility for adolescents in addition to the expansion of an exisiting autism intervention center in Joplin. In FY 2024, DD received funding for the expansion of an existing Autism Center in St. Louis County. This expansion will increase care for children with Autism and other Developmental Disorders in Eastern Missouri with an estimated 60,000 visits annually.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): _____10.410_____
Program Name: Autism	
Program is found in the following core budget(s): Autism Centers	

1b. What does this program do? (Continued)

In FY 2024 and FY 2025, DD received funding for an Autism research initiative to advance research and development of therapeutics and potential cures for cases of genetically caused Autism.
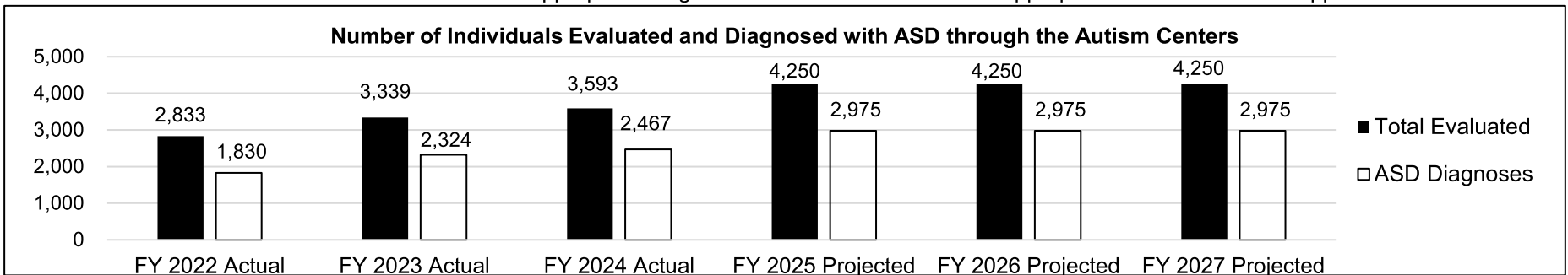
DD contracts with the University of Missouri-Columbia to implement a series of Extension for Community Healthcare Outcomes (ECHO) Autism programs to address a shortage of clinical and community providers throughout Missouri that can appropriately diagnose and care for individuals with Autism and their families. The average age of ASD diagnosis is over 4 years even though ASD can be diagnosed as early as age 2, (Whittling Down the Wait Time, 2016). Through this contract and the Autism Center's prioritization of diagnostic evaluations for those under age 4, DD hopes to diagnose kids in Missouri earlier, allowing for earlier interventions and overall better outcomes for individuals with ASD.

2a. Provide an activity measure(s) for the program.

■ Increasing the number of individuals accessing autism-specific services within the home and community supports inclusion and fosters independence.

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
Missouri Autism Projects						
East	920	1,296	1,234	1,300	1,400	1,500
Northwest	859	1,177	1,269	1,350	1,400	1,450
Central	1,713	1,884	2,028	1,300	1,400	1,500
Southeast	591	627	675	725	775	800
Southwest	1,684	1,847	2,039	2,150	2,250	2,350
Diagnostic Clinics	2,673	3,339	3,593	3,643	3,693	3,743
Total Served:	8,440	10,170	10,838	10,468	10,918	11,343

■ Access to evidenced-based ASD evaluations and appropriate diagnosis allows families to access appropriate intervention and support services.

Number of Individuals Evaluated and Diagnosed with ASD through the Autism Centers

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
Total Evaluated	2,833	3,339	3,593	4,250	4,250	4,250
ASD Diagnoses	1,830	2,324	2,467	2,975	2,975	2,975

PROGRAM DESCRIPTION	
Department: Mental Health	**AB Section(s):** 10.410
Program Name: Autism	
Program is found in the following core budget(s): Autism Centers	

2b. Provide a measure(s) of the program's quality.
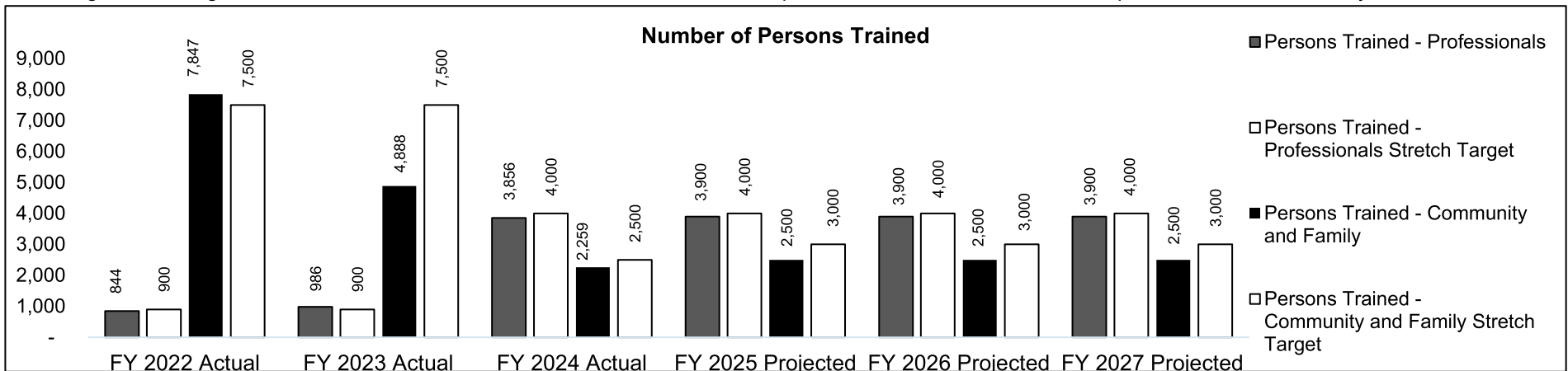- ■ Missouri's Autism Centers' median age (in months) at diagnosis (see note below).

Median Age at Diagnosis of ASD (months):			
Center	**FY 2022**	**FY 2023**	**FY 2024**
Thompson Center	69	67	65
Cardinal Glennon Children's Hospital/Knights of Columbus(KOC) Development Center	53	56	55
Children's Mercy Hospital	56	61	53
SEMO Autism Center	65	60	51
Washington University - St. Louis	44	59	53
Mercy Kids Autism Center - St. Louis	50	50	46

Note: Children with ASD can be diagnosed as early as 2 years of age, but on average, the age of diagnosis is after 4 years (Gordon-Lipkin, E., Foster, J., & Peacock, G. (2016)). The most recent CDC data from 2023 states the median age of ASD diagnosis is 49 months.

2c. Provide a measure(s) of the program's impact.
- ■ Targeted trainings increase awareness and advance evidence-based, best practices for clinicians, educators, providers, and community members.

Number of Persons Trained

Legend:
- ■ Persons Trained - Professionals
- □ Persons Trained - Professionals Stretch Target
- ■ Persons Trained - Community and Family
- □ Persons Trained - Community and Family Stretch Target

Data values by year:
- FY 2022 Actual: 844, 900, 7,847, 7,500
- FY 2023 Actual: 986, 900, 4,888, 7,500
- FY 2024 Actual: 3,856, 4,000, 2,259, 2,500
- FY 2025 Projected: 3,900, 4,000, 2,500, 3,000
- FY 2026 Projected: 3,900, 4,000, 2,500, 3,000
- FY 2027 Projected: 3,900, 4,000, 2,500, 3,000

PROGRAM DESCRIPTION

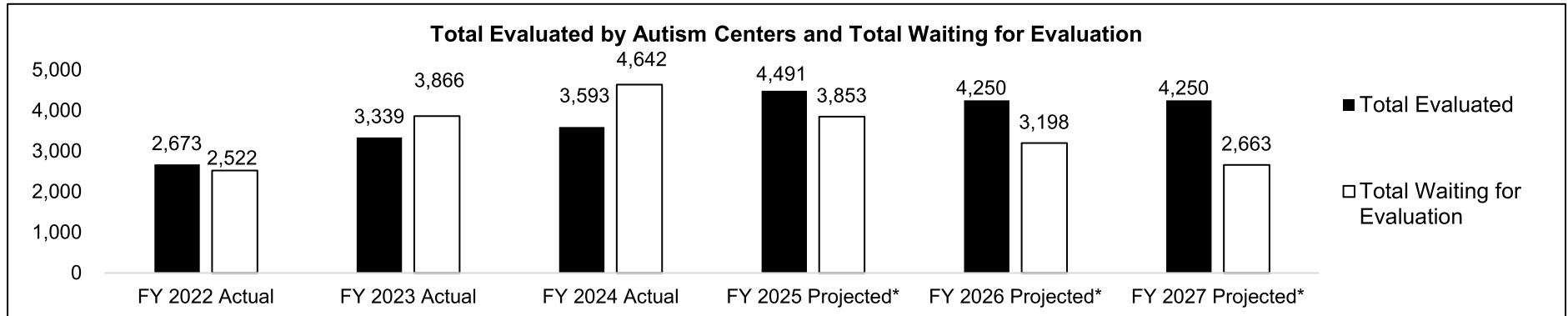|	
Department: Mental Health	**AB Section(s): 10.410**
Program Name: Autism	
Program is found in the following core budget(s): Autism Centers	

2c. Provide a measure(s) of the program's impact. (Continued)
- Number of children evaluated continues to rise as the prevalence of ASD increases.

Total Evaluated by Autism Centers and Total Waiting for Evaluation

FY	Total Evaluated	Total Waiting for Evaluation
FY 2022 Actual	2,673	2,522
FY 2023 Actual	3,339	3,866
FY 2024 Actual	3,593	4,642
FY 2025 Projected*	4,491	3,853
FY 2026 Projected*	4,250	3,198
FY 2027 Projected*	4,250	2,663

*Projections of increased diagnostic capacity once Autism Centers are fully staffed.

FY 2024 Average Number of Individuals Waiting for ASD Evaluation

Center	4 Years Old and Younger	5 Years Old and Older	Total
Thompson Center	402	1205	1607
Cardinal Glennon Children's Hospital	805	742	1547
Children's Mercy Hospital	396	396	792
SEMO Autism Center	69	164	233
Washington University - St. Louis	198	181	379
Mercy Kids Autism Center - St. Louis	51	33	84
Totals	1,921	2,721	4,642

*Individuals waiting for ASD Evaluation may be on multiple Missouri Autism Centers waiting lists.

PROGRAM DESCRIPTION
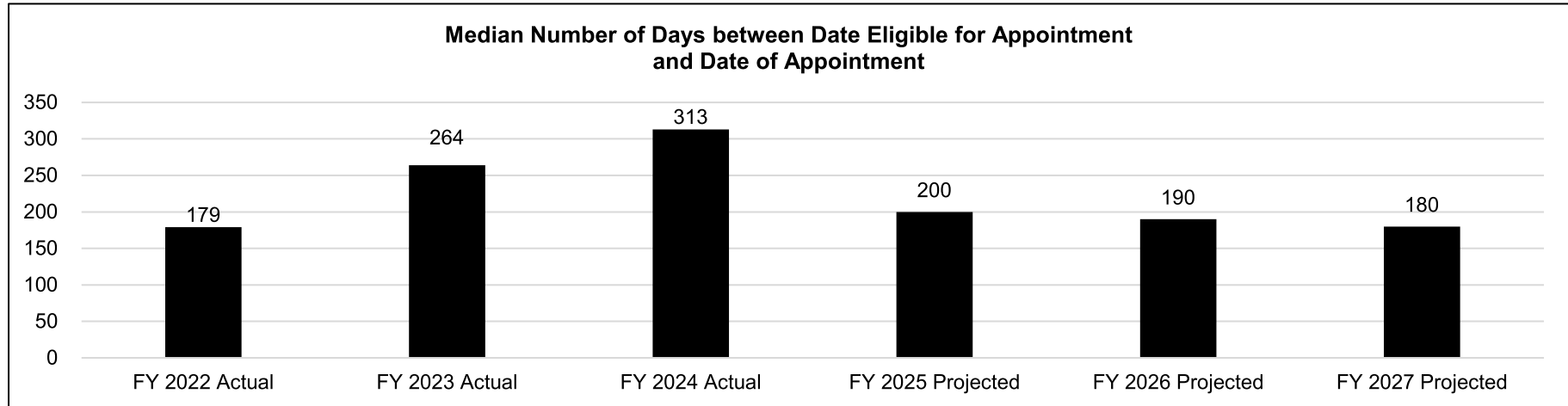
Department: Mental Health	AB Section(s): 10.410
Program Name: Autism	
Program is found in the following core budget(s): Autism Centers	

2c. Provide a measure(s) of the program's impact. (Continued)
   ■ Length of time between eligibility and appointment indicates how long individuals must wait for an evaluation supports the need for additional resources for ASD assessment and diagnosis.

Median Number of Days between Date Eligible for Appointment and Date of Appointment

FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
179	264	313	200	190	180

2d. Provide a measure(s) of the program's efficiency.
   ■ Autism Centers continue to prioritize timely appointments for children under 5, while working to reduce the overall wait time for appointments.

FY 2024 Median Number of Days between Date Eligible for Appointment and Date of Appointment	
Age	**Median Days Waiting**
Children 4 Years Old and Younger	257
Children 5 Years Old and Older	360
All Individuals	313

Note: Wait times for a comprehensive ASD assessment vary greatly across the country, ranging from 45 days to more than 365 days. Individuals receiving an ASD diagnosis can access a variety of intervention services. Individuals accessing intervention services at earlier stages are likely to achieve better long-term outcomes.
Source: Whittling Down the Wait Time, 2016
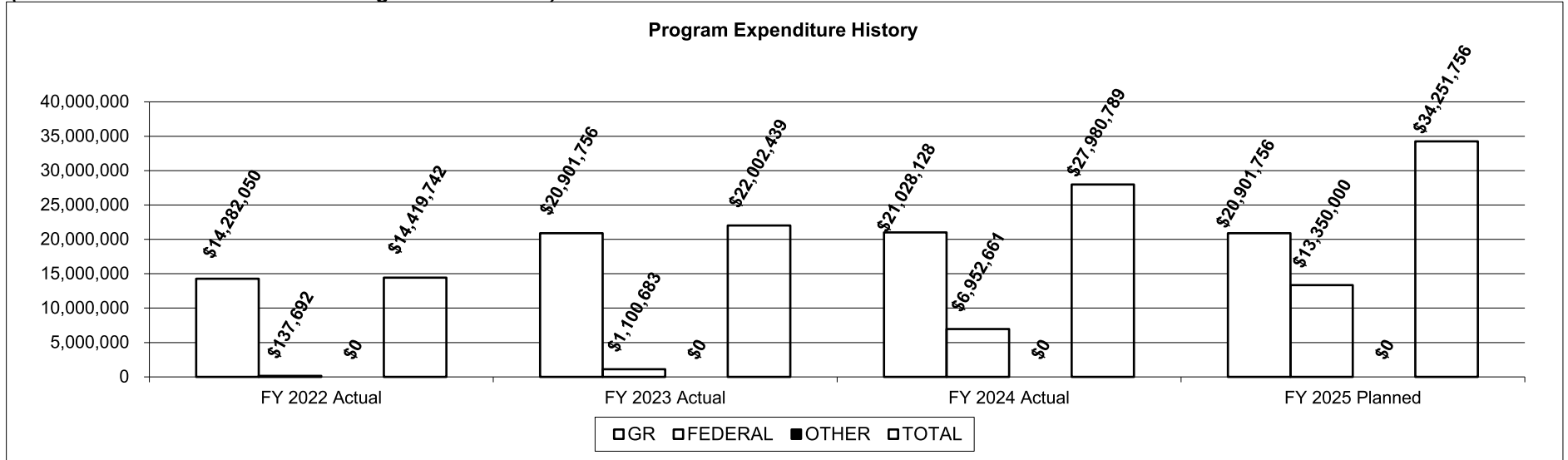
PROGRAM DESCRIPTION

Department: Mental Health   **AB Section(s):** _____10.410_____
Program Name: Autism
Program is found in the following core budget(s): Autism Centers

3. **Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.**
    (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History

GR □ FEDERAL ■ OTHER □ TOTAL

FY 2022 Actual: $14,282,050 (GR), $137,692 (FEDERAL), $0 (OTHER), $14,419,742 (TOTAL)
FY 2023 Actual: $20,901,756 (GR), $1,100,683 (FEDERAL), $0 (OTHER), $22,002,439 (TOTAL)
FY 2024 Actual: $21,028,128 (GR), $6,952,661 (FEDERAL), $0 (OTHER), $27,980,789 (TOTAL)
FY 2025 Planned: $20,901,756 (GR), $13,350,000 (FEDERAL), $0 (OTHER), $34,251,756 (TOTAL)

Note: FY 2025 Planned expenditures include $1.3M in funding for Rolla and Springfield Autism, $7M as an extension of FY 2023 appropriated authority for the establishment of autism centers in Springfield and Joplin.

4. **What are the sources of the "Other" funds?**
    N/A

5   **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**
    Chapter 633, RSMo (Support services defined in Sections 630.405 through 630.460.)

6. **Are there federal matching requirements? If yes, please explain.**
    No.

7. **Is this a federally mandated program? If yes, please explain.**
    No.

PROGRAM DESCRIPTION

Department: **Mental Health**	AB Section(s): <u>10.410, 10.425</u>
Program Name: **DD Support Coordination**	
Program is found in the following core budget(s): **Community Programs, Community Support Staff**	

1a. What strategic priority does this program address?

Supporting independence and self-sufficiency of Missourians with developmental disabilities by increasing employment rates and fostering self-sufficiency, building systems of positive behavior supports, and increasing the use of technology to foster increased levels of independence.

1b. What does this program do?

The Division of Developmental Disabilities (DD) assures that every consumer eligible for the Division of DD services is assigned a support coordinator who is responsible for the development and monitoring of the person's service plan. Support coordination core competencies have been developed in Missouri to ensure person-centered, consistent, and quality support coordination across the state. These core competencies consist of foundational values, developing and maintaining relationships, and having an awareness of rights and responsibilities. The support coordinator is responsible for planning with the individual through a person-centered planning process, resulting in an integrated and comprehensive plan that is reflective of and responsive to the strengths, interests, needs, and desired outcomes of the individual in all areas of their life. The support coordinator is also responsible for connecting the individual to integrated supports and services including both paid and non-paid supports. The support coordinator facilitates the exploration and acquisition of paid supports from a variety of funding sources and monitors for quality services that maximize the use of support dollars to meet identified goals and minimize risks.

The support coordinator is the point of contact for questions and concerns from the individual, family members, physicians, and providers. They also coordinate necessary paperwork and applications required of the family or guardian. The Division of DD regional offices employ 165 Support Coordinators, 31 Support Coordinator III's and 29 Support Coordinator Supervisors. In FY 2023, there were 110 counties, plus the City of St. Louis, with a Senate Bill 40 board or not for profit entity that have been approved to provide support coordination on behalf of the Division of DD. An individual with a local support coordinator is not assigned one from the Division of DD, thus increasing the capacity for support coordination in those regions and reducing caseloads. The Division of DD received an additional $7.6M in FY 2023 to move individuals from state support coordinators to private case managers. In FY 2024, 2,400 individuals were moved from state support coordinators to private case managers. Local support coordination is serving nearly 77% of the individuals eligible for Division of DD services. This "right sizing" of case loads will allow support coordinators to provide the best possible assistance to the individuals they serve.

An effective, well trained support coordinator is the crucial link between the individual and family and the Division of DD's service delivery system. Working through service contract details, MO HealthNet changes, authorizations, Individualized Supported Living budgets, and other paperwork, the support coordinator ensures that services are available and delivered to the satisfaction of the individual or family, and in accordance with Department of Mental Health guidelines and regulations. The role of support coordination is the direct link to connect the individual/family to employment, behavioral services, and technology to promote independence and self-sufficiency.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.410, 10.425

Program Name: DD Support Coordination

Program is found in the following core budget(s): Community Programs, Community Support Staff

1b. What does this program do? (Continued)

The Division of DD receives federal reimbursement on Medicaid eligible individuals from MO HealthNet through the DD Support Coordination program. Counties that provide support coordination are also able to bill and obtain reimbursement from MO HealthNet through agreement with Division of DD.
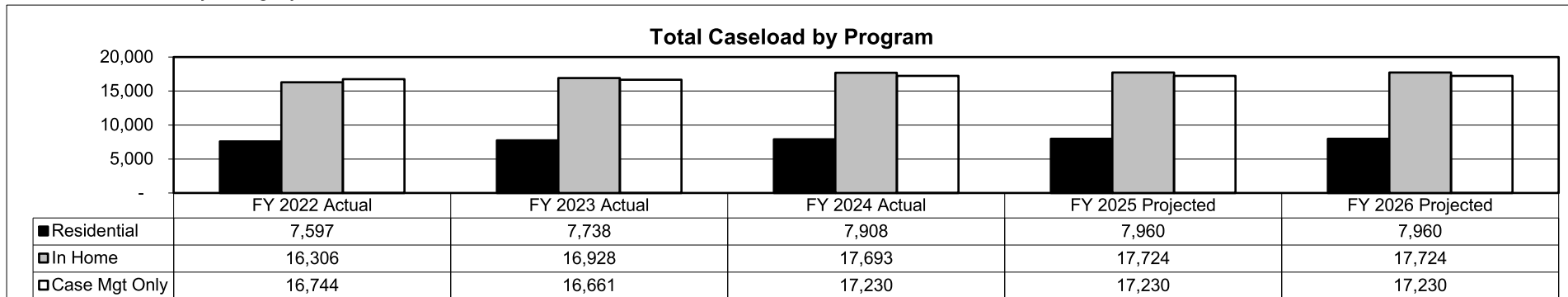
The Home and Community Based Services Waiver (HCBS) is an alternative to care provided in institutions. The HCBS waiver allows states to use Medicaid funding to provide services and supports to persons living in their homes or in other community based settings. The state is expected to have systems in place to measure and improve its performance in meeting the waiver assurances that are set forth in 42 CFR 441.301 and 441.302. These assurances address important dimensions of waiver quality, including assuring that service plans are designed to meet the needs of waiver participants and that there are effective systems in place to monitor participant health and welfare.

The support coordinator plays a key role in assuring that the HCBS waiver works to satisfy individual needs and improve outcomes. This includes conducting level of care determinations in order to ensure the individual meets institutional level of care criteria, that level of care determinations were made before the individual received HCBS waiver services, and that review of an individual's continued eligibility for institutional level of care is conducted at least annually.

This DD Support Coordination program description form contains funding for support coordinators who are employed through the Division of DD's regional offices. Funding for these positions is appropriated in the Community Support Staff house bill section 10.430. This program form also contains funding for the Division of DD to contract with SB40 boards or not for profit entities to provide support coordination on behalf of the Division. This funding is appropriated in the Community Programs house bill section.

2a. Provide an activity measure(s) for the program.
   ▪ Individual count by category.

Total Caseload by Program

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected
■ Residential	7,597	7,738	7,908	7,960	7,960
▨ In Home	16,306	16,928	17,693	17,724	17,724
☐ Case Mgt Only	16,744	16,661	17,230	17,230	17,230

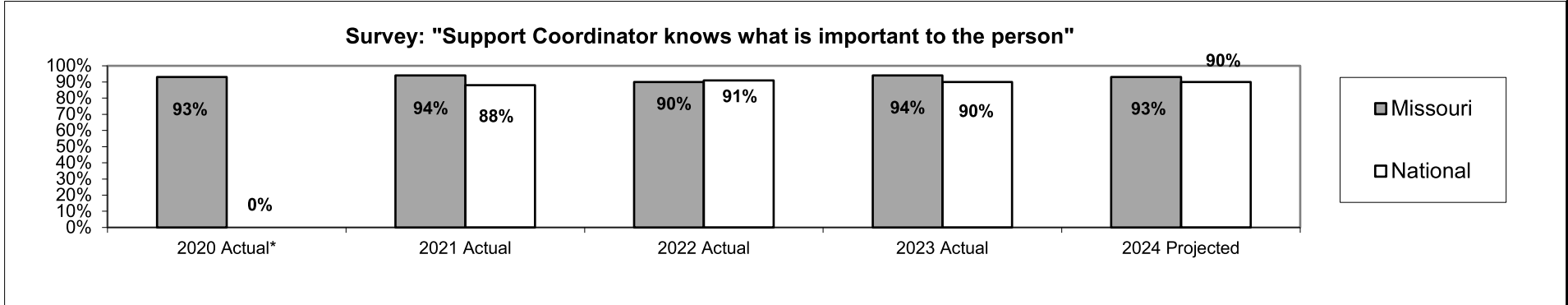| PROGRAM DESCRIPTION	

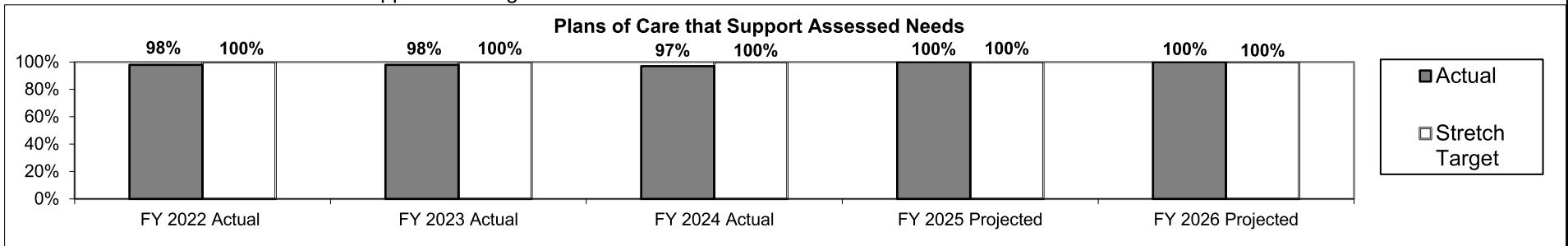|	
Department: Mental Health	AB Section(s): 10.410, 10.425
Program Name: DD Support Coordination	
Program is found in the following core budget(s): Community Programs, Community Support Staff	

2b. Provide a measure(s) of the program's quality.

▪ Maintain satisfaction with DD Support Coordinator.

Survey: "Support Coordinator knows what is important to the person"

Note: Based on National Core Indicator (NCI) survey results. The NCI is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. *Due to the COVID-19 Pandemic the FY 2020 In-Person Survey (IPS) survey data collection period was unexpectedly abbreviated and NCI made the decision not to publish NCI (national) averages for this survey. Surveying resumed in FY 2021. In FY 2023, 403 surveys were completed in MO and 25,424 surveys were completed nationally. FY 2024 data is anticipated to be released in Spring 2025.

▪ Plans of care where services and supports are aligned with assessed needs.

Plans of Care that Support Assessed Needs

Source: The Division of DD quarterly Medicaid Waiver performance measures based on state reviews.
Note: Support Coordinators write annual service plans for all the individuals they serve. These service plans must effectively address the individual needs of each person and support the services that are authorized to be provided. The Division of DD regularly samples service plans to review for quality. The Federal Centers for Medicare and Medicaid (CMS) target is 100%, which is also reflective of Missouri's stretch target.

PROGRAM DESCRIPTION

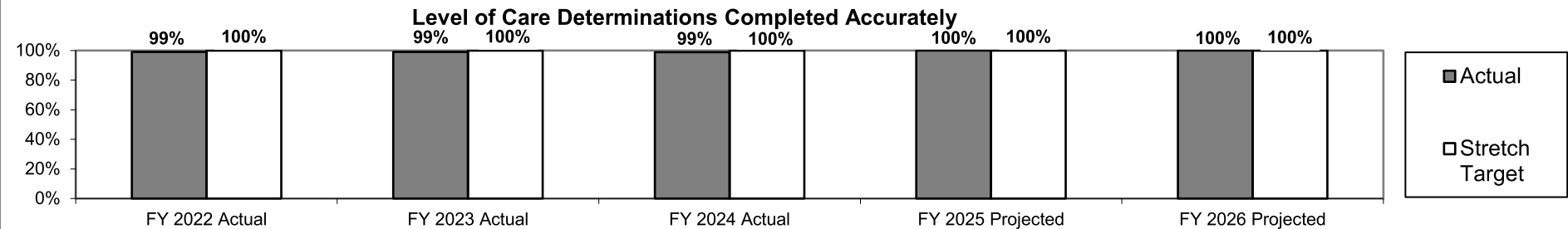|	
Department:　Mental Health	AB Section(s): 10.410, 10.425

Program Name:　DD Support Coordination

Program is found in the following core budget(s):　Community Programs, Community Support Staff

2b.　Provide a measure(s) of the program's quality. (Continued)
- Level of Care determinations that were completed accurately.

Level of Care Determinations Completed Accurately

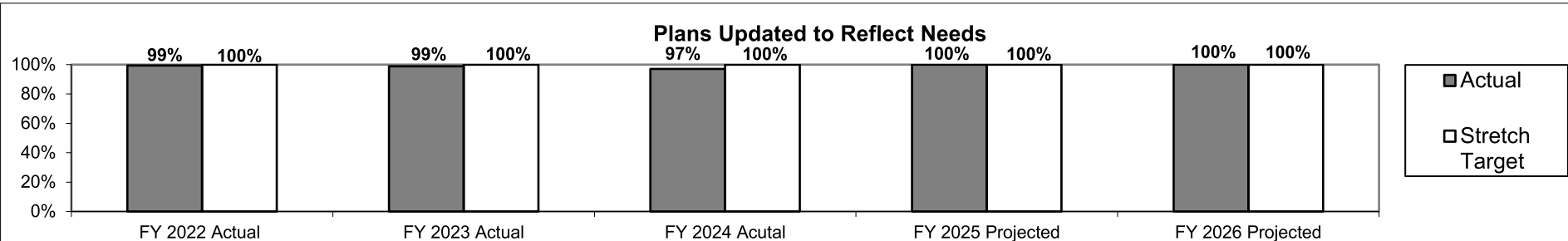|	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected
Actual	99%	99%	99%	100%	100%
Stretch Target	100%	100%	100%	100%	100%

Source: The Division of DD quarterly Medicaid Waiver performance measures based on state reviews.
Note: The Level of Care is an assessment applied to all individuals to determine their eligibility for Medicaid services. The Division of DD gives assurances to Centers for Medicare & Medicaid Services (CMS) that all eligible individuals have met this level of care. The Division of DD routinely samples these assessments to assure accuracy. The Federal Centers for Medicare & Medicaid (CMS) target is 100%, which is also reflective of Missouri's stretch target.

2c.　Provide a measure(s) of the program's impact.
- Participants who have a change of need and the plan of care was updated.

Plans Updated to Reflect Needs

	FY 2022 Actual	FY 2023 Actual	FY 2024 Acutal	FY 2025 Projected	FY 2026 Projected
Actual	99%	99%	97%	100%	100%
Stretch Target	100%	100%	100%	100%	100%

Source: The Division of DD quarterly Medicaid Waiver performance measures based on state reviews.
Note: The Federal Centers for Medicare and Medicaid (CMS) target is 100%, which is also reflective of Missouri's stretch target. Also, other impact measures relating to employment, behavior services, etc., are located in the program description forms for In Home Supports and Residential Services.

PROGRAM DESCRIPTION

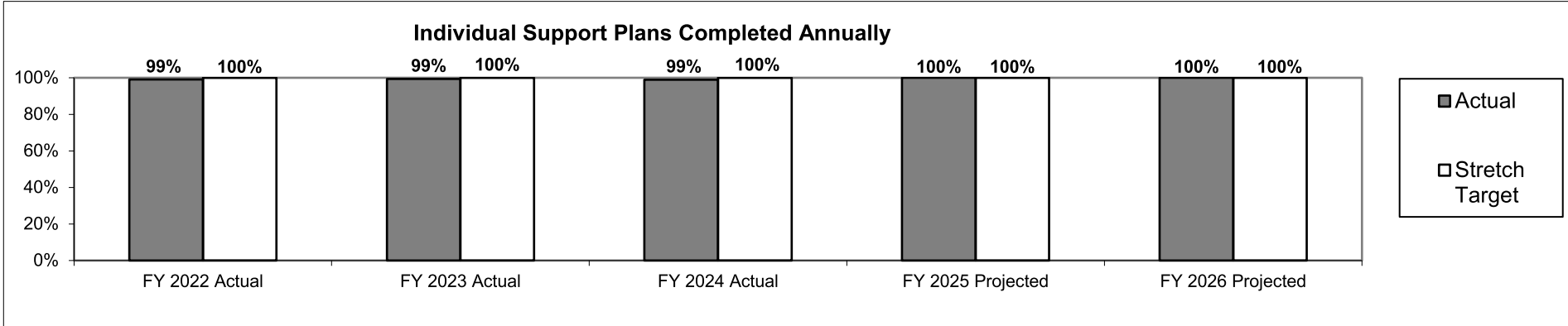|	
Department: Mental Health	AB Section(s): 10.410, 10.425
Program Name: DD Support Coordination	
Program is found in the following core budget(s): Community Programs, Community Support Staff	

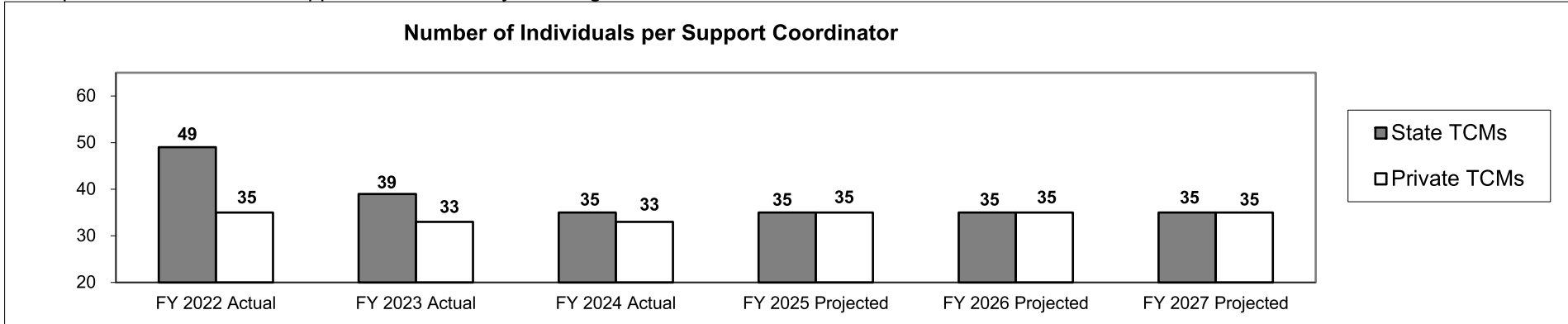**2d. Provide a measure(s) of the program's efficiency.**
- To complete plans timely in an effort to reflect the current needs of individuals.

Individual Support Plans Completed Annually

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected
Actual	99%	99%	99%	100%	100%
Stretch Target	100%	100%	100%	100%	100%

Source: The Division of DD quarterly Medicaid Waiver performance measures based on state reviews.
Note: The Federal Centers for Medicare and Medicaid (CMS) target is 100%, which is also reflective of Missouri's stretch target.

- To provide more effective support coordination by reducing caseloads.

Number of Individuals per Support Coordinator

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
State TCMs	49	39	35	35	35	35
Private TCMs	35	33	33	35	35	35

Note: A service coordinator with a high caseload cannot write service plans and monitor delivered services as effectively as a service coordinator with a lower caseload. Private Targeted Case Management (TCM) agencies have found a caseload of 35 individuals per one service coordinator to be an upper limit for effectiveness.

105

PROGRAM DESCRIPTION

|	
Department: Mental Health	AB Section(s): 10.410, 10.425
Program Name: DD Support Coordination	
Program is found in the following core budget(s): Community Programs, Community Support Staff	

2d. Provide a measure(s) of the program's efficiency. (Continued)
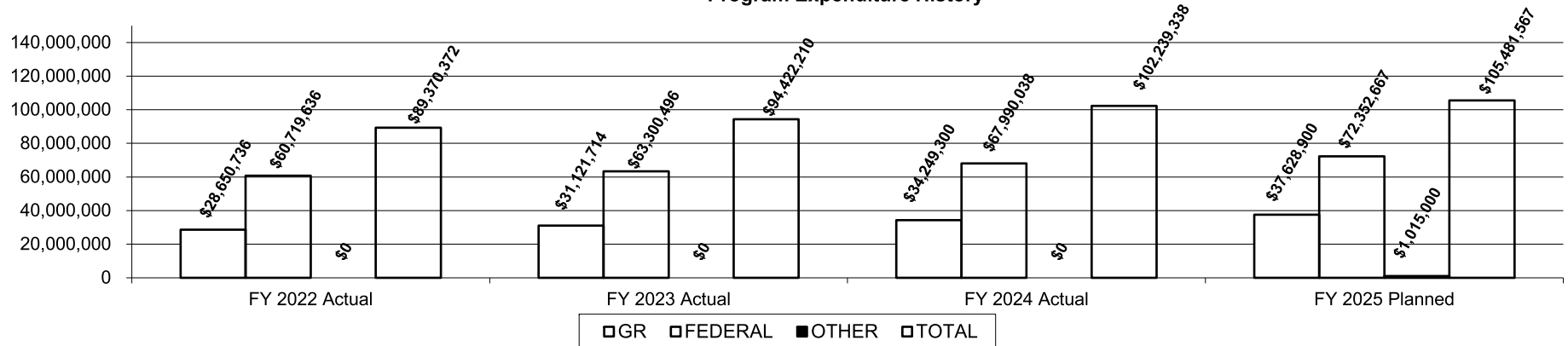 ▪ To provide more effective support coordination by reducing caseloads.

Percent of Individuals with a State or Local Support Coordinator
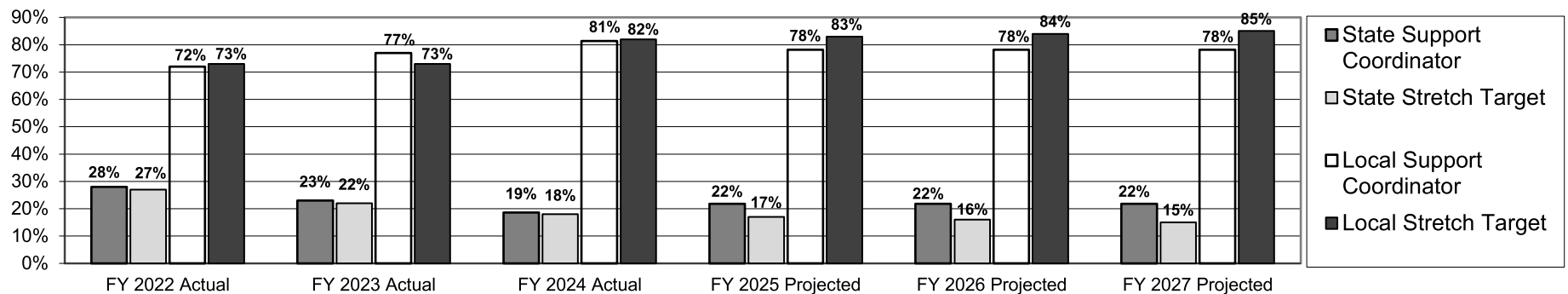
3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History

PROGRAM DESCRIPTION

Department: Mental Health   AB Section(s): 10.410, 10.425
Program Name: DD Support Coordination
Program is found in the following core budget(s): Community Programs, Community Support Staff

4.   **What are the sources of the "Other" funds?**
      Other funds include Mental Health Local Tax Match Fund (0930) for support coordination provided by SB40 boards.

5.   **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**
      Sections 633.100 through 633.160, RSMo
      42 CFR 441.301(1) Person-Centered Planning Process
      42 CFR 441.301(2) The Person-Centered Service Plan

6.   **Are there federal matching requirements? If yes, please explain.**
      The Division of DD is reimbursed the federal share of the cost of support coordination provided by regional offices to eligible consumers. The Division of DD pays the state match from Medicaid appropriations for support coordination provided by county and private agencies. MO HealthNet requires that the state share costs be funded with state funds or local public funding.

7.   **Is this a federally mandated program? If yes, please explain.**
      No.

PROGRAM DESCRIPTION

Department: **Mental Health**	AB Section(s): <u>10.415</u>

Program Name: Developmental Disabilities (DD) Health Home

Program is found in the following core budget(s): DD Health Home

1a. What strategic priority does this program address?

Supporting independence and self-sufficiency of Missourians with developmental disabilities by increasing employment rates and fostering self-sufficiency, building systems of positive behavior supports, and increasing the use of technology to foster increased levels of independence.

1b. What does this program do?

The Developmental Disabilities (DD) Health Home was established for individuals statewide served through the Division of DD, who have a qualifying chronic health condition, have or at risk of developing another condition, and are eligible for Division of DD services. The goal of the DD Health Home is to provide care coordination for inidividuals enrolled in the DD Health Home while integrating care managment of chronic conditions and other identified health risks for population health management, including Social Determinants of Health (SDOH) and to ensure delivery of quality care that is integrated, supports the needs of the individuals, and reduces costs. The DD Health Home is not a setting where someone lives rather it is a team approach that centers around educating the person and their support system on chronic health conditions, identified health risk management, and linking them to needed services. DD Health Home providers offer consultation and care coordination which includes addressing needed medical/health care, developmental disabilities habilitation including behavioral supports, community-based crisis prevention and response, mental health and substance use disorder treatment, social and other services and supports. An integral part of the DD Health Home model is the incorporation of the Health Home plan of care into the individual's person-centered plan.

The qualifying chronic health conditions are: diabetes; asthma; cardiovascular disease or hypertension; chronic obstructive pulmonary disease (COPD); overweight (Body Mass Index (BMI) >25); dementia; dependent on a ventilator; tobacco use; diagnosis of autism spectrum disorder; one of the Fatal Five Plus conditions: pulmonary aspiration, bowel obstruction, gastroesophageal reflux disease (GERD), seizures, sepsis, dehydration; using the Health Risk Screening Tool that identifies potential risk for individuals with a Healthcare Level of 3 or greater.

The Division of DD has contracted with 5 providers throughout the state to provide DD Health Home services to an estimated 20,000 eligible individuals. These providers receive a Per Member Per Month (PMPM) payment of $105.90 for individuals enrolled in the DD Health Home that have received a health home service in a specific month. The total monthly payment for each provider undergoes a review process and are paid out two months in arrears. The Division of DD receives federal reimbursement on Medicaid eligible individuals from MO HealthNet through the DD Health Home program.

PROGRAM DESCRIPTION

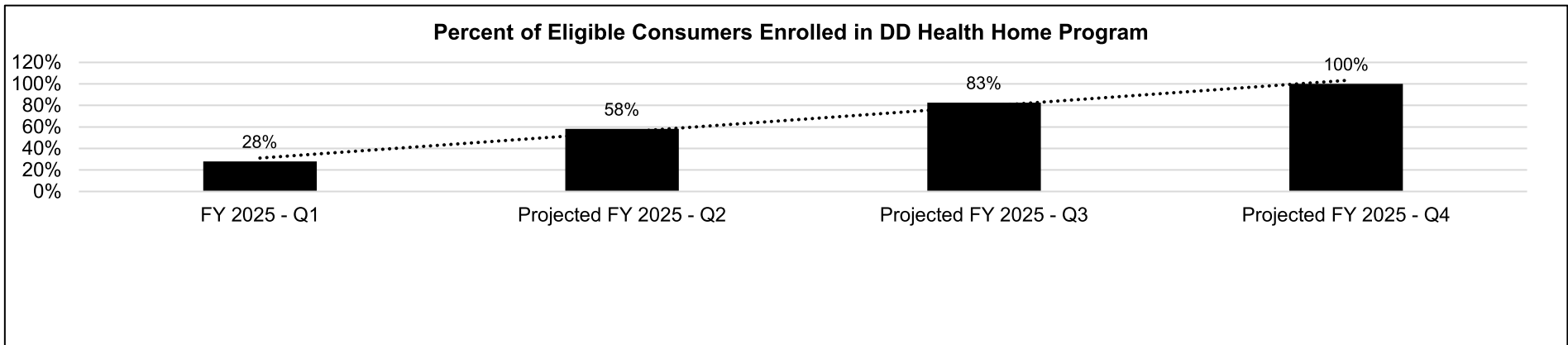Department: Mental Health   AB Section(s): 10.415

Program Name: Developmental Disabilities (DD) Health Home

Program is found in the following core budget(s): DD Health Home

2a. Provide an activity measure(s) for the program.

▪ Percent of eligible consumers enrolled in the DD Health Home program.

Percent of Eligible Consumers Enrolled in DD Health Home Program

Note: FY 2025 is the first year the DD Health Home program was implemented. Although the number of eligible consumers participating in this program is anticipated to increase, there is no data available yet to project participation in future years.

▪ Number of consumers enrolled in DD Health Home by Region.

	FY 2025 Q1 Actual	Projected FY 25 Total
Kansas City Regional Office	0	3,628
Albany Satellite Office	0	695
Central Missouri Regional Office	759	2,104
Rolla Satellite Office	0	1,483
Kirksville Satellite Office	0	429
Springfield Regional Office	828	2,404
Joplin Satellite Office	0	1,541
Sikeston Regional Office	0	787
Poplar Bluff Satellite Office	0	765
St Louis Regional Office	4,068	5,681
Hannibal Satellite Office	0	700
	5,655	20,217

Source: The Division of DD utilized MMIS and CIMOR for determination of DD HH eligibility.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.415

Program Name: Developmental Disabilities (DD) Health Home

Program is found in the following core budget(s): DD Health Home

2b. Provide a measure(s) of the program's quality.
- Reduce the number of adult consumers enrolled in the DD Health Home program that have high blood pressure.

Note: FY 2025 is the first year of the DD Health Home program; therefore, no data is available at this time. Data will be available FY 2026.

- Increase the number of wellness checks completed for adolescent consumers enrolled in the DD Health Home program .

Note: FY 2025 is the first year of the DD Health Home program; therefore, no data is available at this time. Data will be available FY 2026.

Source: The Division will utilize information from the NetSmart CareManager system and claims from MMIS.

2c. Provide a measure(s) of the program's impact.
- Reduce emergency room utilization

Note: FY 2025 is the first year of the DD Health Home program; therefore, no data is available at this time. Data will be available FY 2026

Source: The Division will utilize information from the NetSmart CareManager system and claims from MMIS.

2d. Provide a measure(s) of the program's efficiency.
- Ensure individual's prompt acces to follow-up care upon discharge from a hospital.

Note: FY 2025 is the first year of the DD Health Home program; therefore, no data is available at this time. Data will be available FY 2026

Source: The Division will utilize information from the NetSmart CareManager system and claims from MMIS.

PROGRAM DESCRIPTION

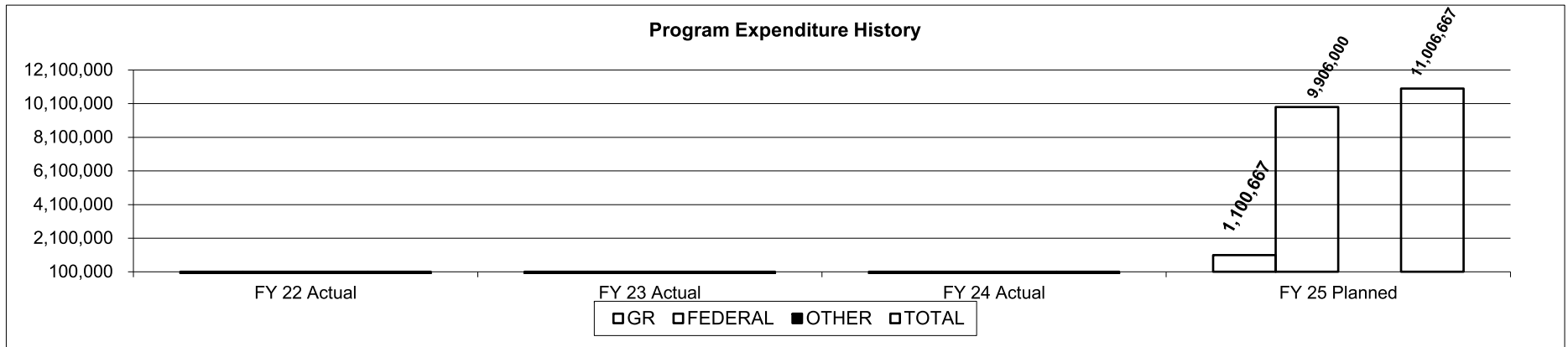|	
Department: Mental Health	AB Section(s): 10.415

Program Name: Developmental Disabilities (DD) Health Home

Program is found in the following core budget(s): DD Health Home

3.   Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.
   (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History

A bar chart titled "Program Expenditure History" showing values for FY 22 Actual, FY 23 Actual, FY 24 Actual, and FY 25 Planned. Y-axis ranges from 100,000 to 12,100,000. Bars for FY 25 Planned show 1,100,667; 9,906,000; and 11,006,667. Legend: □GR □FEDERAL ■OTHER □TOTAL

Note: FY 2025 is the first year of the DD Health Home program.

4.   **What are the sources of the "Other" funds?**
   Not applicable.

5.   **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**
   Section 630.050, RSMo
   9 CSR 45-7.010 Developmental Disabilities Health Home
   ACA Section 2703; Section 1945 of Title XIX of the Social Security Act.

6.   **Are there federal matching requirements? If yes, please explain.**
   The Division of DD provides the state share of the cost for individuals to participate in the DD Health Home program.

7.   **Is this a federally mandated program? If yes, please explain.**
   No.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): ___10.430___
Program Name: Developmental Disabilities Act	
Program is found in the following core budget(s): Developmental Disabilities Act	

1a. What strategic priority does this program address?

Support independence and self-sufficiency of Missourians with developmental disabilities.

1b. What does this program do?

The Missouri Developmental Disabilities Council (MODDC) is a federally funded, 23-member, consumer-driven Council whose members are appointed by the Governor. MODDC is a mandated to plan, advocate, and give advice concerning programs and services for persons with developmental disabilities (DD) that will increase their opportunities for independence, productivity, and integration into communities. Much of this work is accomplished by providing demonstration and capacity building grants to stakeholders to address the MODDC's mission: "To assist the community to include all people with developmental disabilities in every aspect of life". The goals and objectives that have been developed guide the work of MODDC. Projects developed include: opportunities for training to include leadership training for individuals with I/DD as well as parents of children with I/DD, information about guardianship and the alternatives to guardianship, increasing persons with Intellectual/Developmental Disability (I/DD) and their families' awareness of available resources, supports and services, and the implementation of the First Responder Disability Awareness Training for law enforcement, fire/EMS, and 911 tele communicator personnel.

All projects of MODDC are monitored closely by staff to determine the impact of MODDC's investment in improving the lives of individuals with DD. Recipients of grant funds provided by MODDC are required to submit quarterly reports that are reviewed by program staff to ensure progress and technical assistance is provided if necessary for course correction. Evaluations of programs include satisfaction surveys obtained by stakeholders. A risk assessment of potential recipients of MODDC grant funds is also completed to ensure grant recipients have a solid record of achieving outcomes promised to previous grantors and to ensure federal funds are used wisely.

MODDC is funded through the Administration on Community Living (ACL) through PL 106-402, and is mandated to develop a 5-year strategic state plan. MODDC heard from parents, self-advocates, providers, and other stakeholders across the state via listening sessions and surveys, about the gaps and barriers they found with getting the help they need to live a quality life in their communities. MODDC also reviewed data from multiple sources and developed a Comprehensive Review and Analysis, which guided the development of the plan. The state plan was submitted to the federal funder, the Administration on Community Living (ACL), for approval.

PROGRAM DESCRIPTION
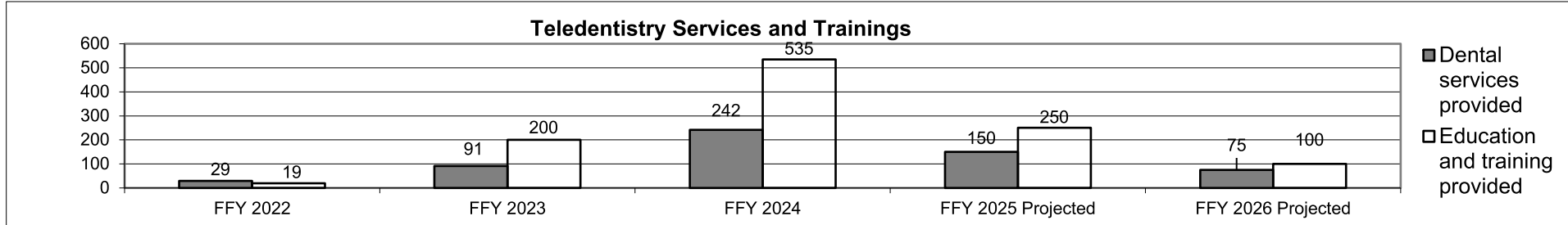
Department: Mental Health	AB Section(s): 10.430

Program Name: Developmental Disabilities Act

Program is found in the following core budget(s): Developmental Disabilities Act

2a. Provide an activity measure(s) for the program.
- Dental telehealth with the I/DD population in Missouri.

Teledentistry Services and Trainings

Bar chart legend: Dental services provided (gray), Education and training provided (white).

	FFY 2022	FFY 2023	FFY 2024	FFY 2025 Projected	FFY 2026 Projected
Dental services provided	29	91	242	150	75
Education and training provided	19	200	535	250	100

Access to dental care for individuals with intellectual and developmental disabilities (I/DD) is a national and statewide problem. There are several barriers to access, including: insurance and funding for services; provider availability in one's community - location; lack of education and training to providers regarding care to individuals with disabilities; education of dental health services - proactive versus reactive; and Medicaid reimbursement systems.

Dental telehealth services offer in-person, easily accessible settings like community centers that can offer the services to a large number of people locally. The services are centered on proactive, preventive care. Dental telehealth service providers bring their equipment to the locations and offer preventative care, including oral exams, teeth cleanings, X-rays, and photography with a mouth camera. These services are provided by dental hygienists under the supervision of licensed dentists. A supervising dentist will review and collect information, determining if there is a needed dental treatment (i.e., filling a cavity, tooth extraction, etc.). This type of dental telehealth service increases access to many, including individuals with I/DD. MODDC contracted with the Missouri Coalition for Oral Health (MCOH) starting September 2021. MCOH will engage community members, including individuals with I/DD, caregivers and families of individuals with I/DD, private dental practitioners, dental schools, dental hygiene schools, health care providers, developmental disability councils, and the Area Agencies on Aging throughout pilot areas to create community plans to integrate teledentistry into each community's existing health services. Teledentistry services will reach those not currently able to access dental care.

MCOH's contract end date is 9/15/2025.

PROGRAM DESCRIPTION

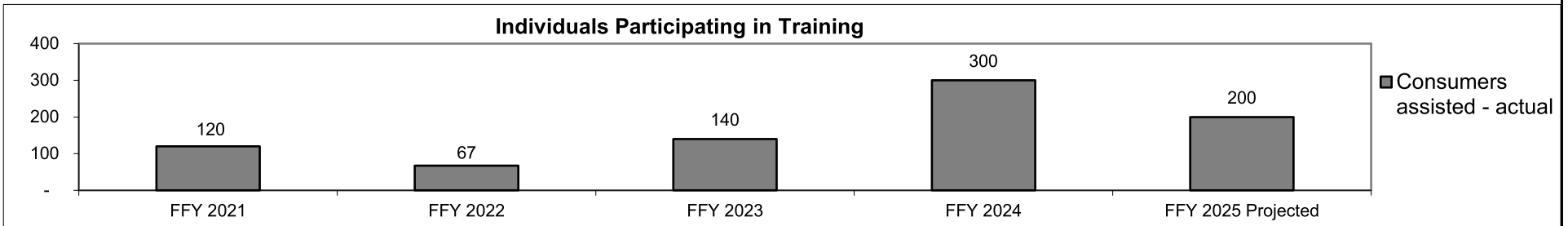Department: Mental Health   AB Section(s):   10.430

Program Name: Developmental Disabilities Act

Program is found in the following core budget(s): Developmental Disabilities Act

2b. Provide a measure(s) of the program's quality.
- Provide training and information to professionals and community members regarding changes to the Missouri guardianship law and alternatives to guardianship (i.e. supported decision making, powers of attorney, etc.) that impact individuals with I/DD.

Individuals Participating in Training

	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025 Projected
Consumers assisted - actual	120	67	140	300	200

MODDC convenes and has a leadership role in Missouri Working Interdisciplinary Networks of Guardianship Stakeholders (MO-WINGS) and the Developmental Disabilities (DD) Network (UMKC-IHD and MO Protection and Advocacy). The goal is to provide trainings across Missouri to educate professionals and community members about the changes made to the guardianship law that was signed in to law in 2018.

MO-WINGS has positioned itself to better understand the needs of the community as it pertains to the integration of the "go-to" alternative to guardianship - supported decision-making (SDM). MODDC, in collaboration with the DD Network have presented on alternatives to guardianship when opportunities are provided. MODDC developed a series of SDM booklets that are written in plain language that provide information about supporting children and adults in SDM throughout their lifespan. In addition to MO-WINGS, MODDC funded two alternative to guardianship projects, one centered on consultation and mediation and the other centered on training and resources. Data represents federal fiscal year data as required by federal funding.

PROGRAM DESCRIPTION
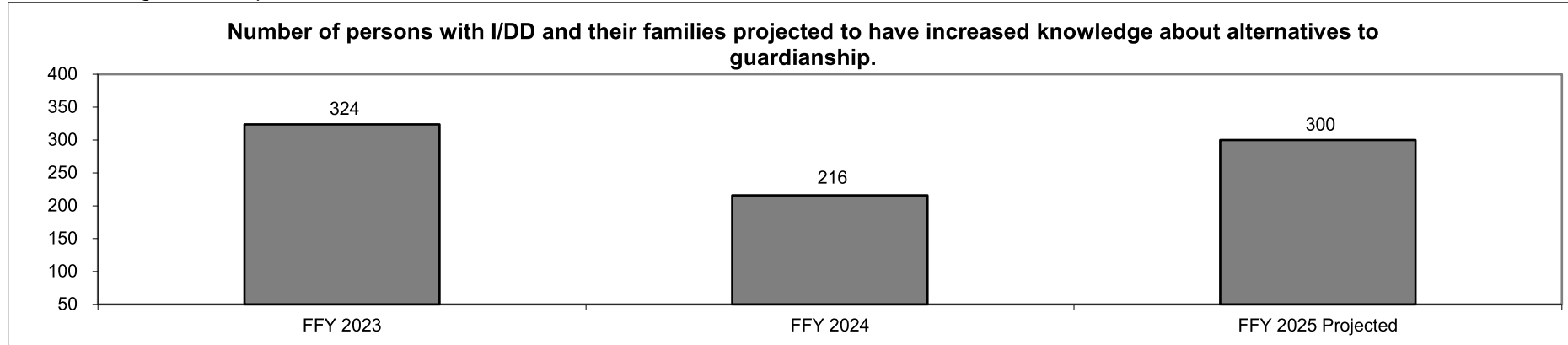
Department: Mental Health	AB Section(s): __10.430__

Program Name: Developmental Disabilities Act

Program is found in the following core budget(s): Developmental Disabilities Act

2c. Provide a measure(s) of the program's impact.

The Hulme Resources grant, Consultation & Mediation, created capacity for persons with I/DD and their families to gain resources and supports regarding decisions on guardianship and its alternatives.

Number of persons with I/DD and their families projected to have increased knowledge about alternatives to guardianship.

324		300
	216	
FFY 2023	FFY 2024	FFY 2025 Projected

Note: Family-to-family has completed it's contract and will not be reported on this year.

June 2022 MODDC selected Hulme Resources as a grantee to the Alternatives to Guardianship project. This project is two-fold, one part focuses on consultation and mediation and other focused on education and resources. The Consultation & Mediation project provides resources that enhance self-determination and connectedness for people with I/DD. The project engages directly with people with I/DD and families to provide resources and aid in recommendations for systemic changes in Missouri adult guardianship practices. Included in the focus of the Consultation & Mediation project includes support and resources for supported decision-making (SDM). Providing information on SDM and support in drafting a SDM agreement allows people with I/DD and their families to better understand this alternative and avoid unnecessary guardianship orders.
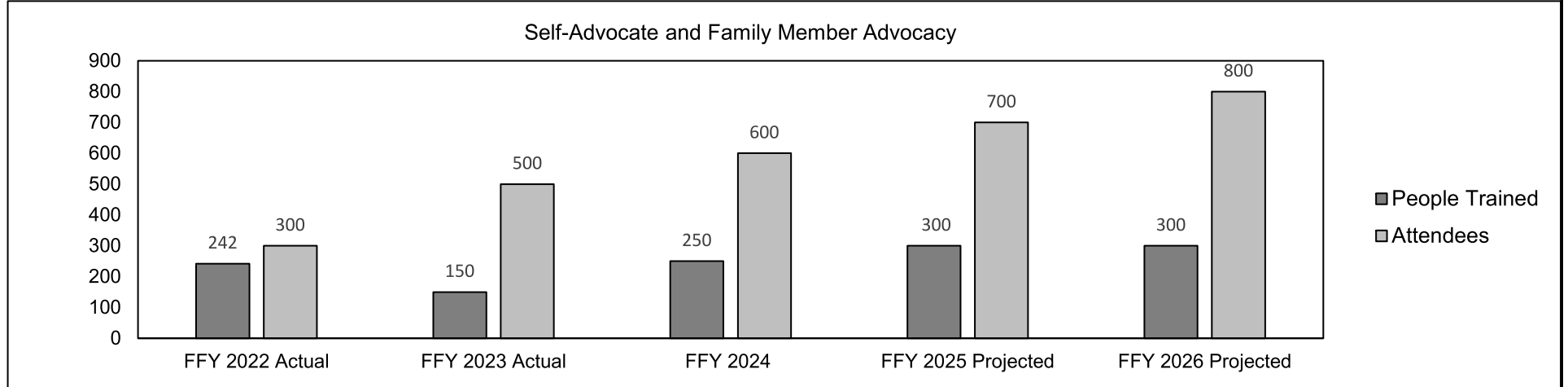
The project will end May 2025.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): ___10.430___
Program Name: Developmental Disabilities Act	
Program is found in the following core budget(s): Developmental Disabilities Act	

2d. Provide a measure(s) of the program's efficiency.
Disability Rights Legislative Day (DRLD) enhances advocacy of people with I/DD and their family members

Self-Advocate and Family Member Advocacy

	People Trained	Attendees
FFY 2022 Actual	242	300
FFY 2023 Actual	150	500
FFY 2024	250	600
FFY 2025 Projected	300	700
FFY 2026 Projected	300	800

Note: Family-to-family has completed it's contract and will not be reported on this year.

MODDC coordinate an annual Disability Rights Legislative Day (DRLD).

In 2022 DRLD hosted over 300 attendees and grew to over 500 in 2023. It was estimated by Capitol Security that in DRLD 2024 had over 800 participants came to the Capitol for this important day of advocacy.

In 2024, the committee also created a leadership opportunity for self-advocates called the Access Team. The Access Team received additional training to prepare them for the leadership role at this event. The event offered virtual participants three afternoon sessions that provided further education on key issues including transportation, fair housing and self-advocacy.

In 2024 76% of participants stated that as a result of participating in DRLD, their desire to advocate for their right and engage policy makers has increased. 74% of participants either met with their lawmaker on DRLD or made plans to meet with them in the future.
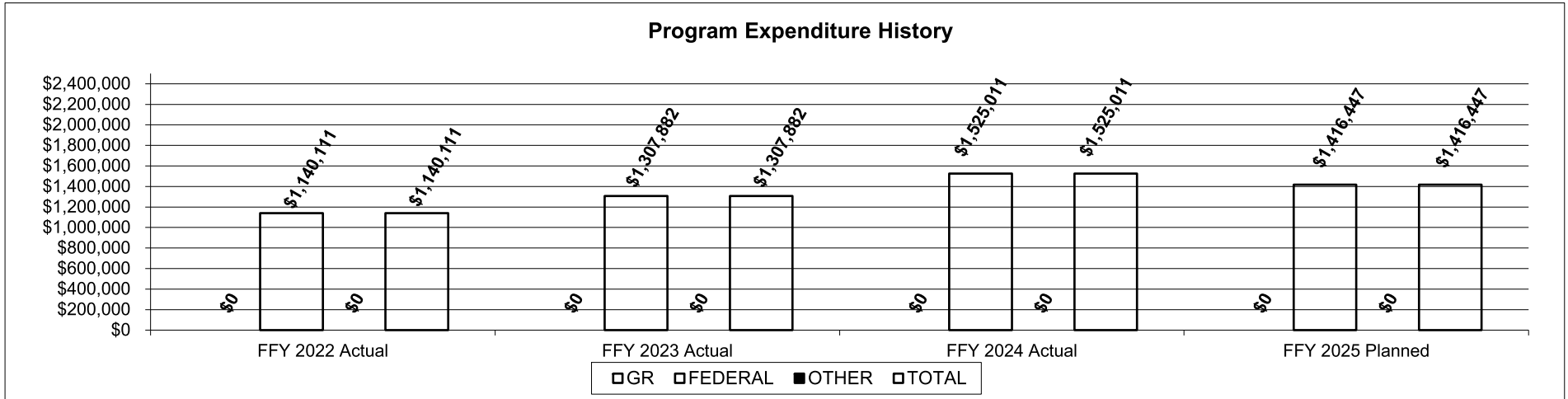
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PROGRAM DESCRIPTION

Department: Mental Health AB Section(s): __10.430__

Program Name: Developmental Disabilities Act

Program is found in the following core budget(s): Developmental Disabilities Act

3. **Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.**
   (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History

Chart shows categories GR, FEDERAL, OTHER, TOTAL for:
- FFY 2022 Actual: $0, $1,140,111, $0, $1,140,111
- FFY 2023 Actual: $0, $1,307,882, $0, $1,307,882
- FFY 2024 Actual: $0, $1,525,011, $0, $1,525,011
- FFY 2025 Planned: $0, $1,416,447, $0, $1,416,447

Note: The Missouri Developmental Disabilities' Council receives federal grant awards based on a federal fiscal year. The amount reflected above for FFY 2024 planned expenditures is reflective of the federal authority appropriated in HB 10. Additional federal appropriation authority was granted in the FY 2023 budget as a result of Federal requirements changing the spending period for grants to the MODDC from three years to two years, beginning October 1, 2019.

4. **What are the sources of the "Other" funds?**
   Not applicable.

5. **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**
   PL 106-402, the Developmental Disabilities and Bill of Rights Act.

6. **Are there federal matching requirements? If yes, please explain.**
   The state is required to provide a one-third in-kind match for the DD Council's Federal funding. This is generally addressed through rent, utilities, administrative services, etc.

7. **Is this a federally mandated program? If yes, please explain.**
   Yes, Federal Law 106-402 has placed DD Councils in all 50 states and the US Territories.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.500, 10.505, 10.510, 10.515, 10.520
Program Name: DD Regional Offices	
Program is found in the following core budget(s): DD Regional Offices	

1a. What strategic priority does this program address?

Strengthen and integrate community services which support the increase of employment, behavioral supports, and technology to increase independence and self-sufficiency of Missourians with developmental disabilities.

1b. What does this program do?

The Division of Developmental Disabilities (DD) is required to identify, assess, determine eligibility, and enroll individuals with developmental disabilities who present to the Division of DD system. The Division of DD currently operates five Regional Offices (Columbia, Kansas City, Sikeston, Springfield, and St. Louis), along with six satellite offices (Albany, Hannibal, Joplin, Kirksville, Poplar Bluff, and Rolla).

The Regional Offices perform intake activities which help to determine if individuals are eligible for services. After an individual is found eligible, they are referred to a support coordination agency or are directed to resources provided by the state or local county, depending upon eligibility. For individuals eligible for case management, a support coordinator works with the individual and family to identify the services and/or supports that are needed. These services and supports are documented in a individual support plan. The plan describes what is needed, how the service/support will be obtained and the method how it is delivered, and measured. When developing and implementing plans, staff strive to meet individuals' needs in the least restrictive environment. This program promotes the increase of employment, behavioral and technology services and supports to increase independence and self-sufficiency for individuals with developmental disabilities.

Regional Offices also develop and support the contract providers who deliver the majority of services in an individual's plan. The offices must continually develop new contracts, train providers, and monitor the services provided. Regional Offices pre-authorize all services purchased, and are the entry point for all services billed to Division of DD.

Regional Office budgets contain funding to support all regional office staff, excluding support coordination. Regional Office staff include business office, behavior resource, provider relations, quality programs, nursing oversight, intake and assessment, utilization review, Targeted Case Management (TCM) technical assistance, and inquiry coordination, and self-directed supports. Funding for support coordinators is contained in the Community Support Staff house bill section, and is allocated to the appropriate regional office. Funding for county and not-for-profit support coordination is in the Community Programs house bill section.

PROGRAM DESCRIPTION

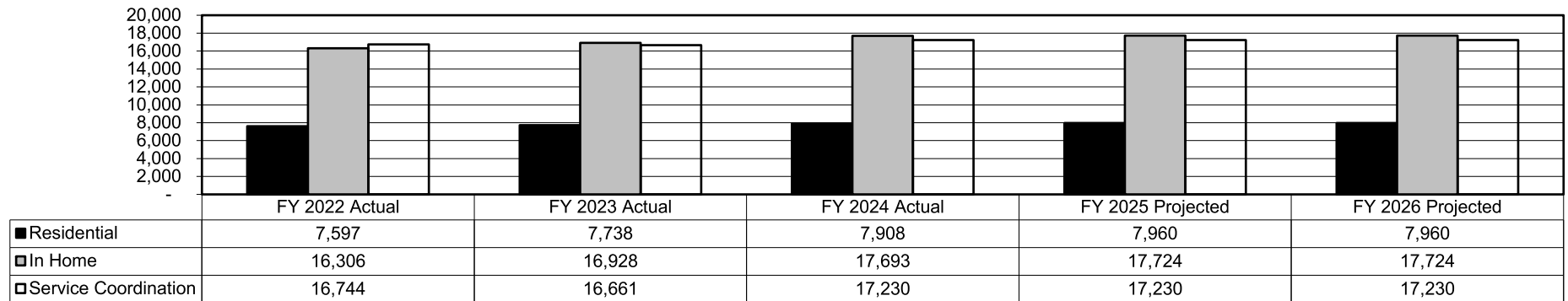|	
Department: Mental Health	AB Section(s): 10.500, 10.505, 10.510, 10.515, 10.520
Program Name: DD Regional Offices	
Program is found in the following core budget(s): DD Regional Offices	

2a. Provide an activity measure(s) for the program.
 ■ Individual count by category.

Individual Count By Service Category

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected
■ Residential	7,597	7,738	7,908	7,960	7,960
▣ In Home	16,306	16,928	17,693	17,724	17,724
□ Service Coordination	16,744	16,661	17,230	17,230	17,230

 ■ Consumer count by category, by Regional/Satellite Office:

FY 2024 (Caseload as of 6/30/24)	Residential	In Home	Support Coordination Only	Information Support	Total
Kansas City Regional Office	1,577	3,087	1,694	746	7,104
Albany Satellite Office	409	454	314	51	1,228
Central Missouri Regional Office	1,162	2,639	1,025	52	4,878
Rolla Satellite Office	479	1,193	1,097	37	2,806
Kirksville Satellite Office	122	370	462	5	959
Springfield Regional Office	741	2,304	1,074	306	4,425
Joplin Satellite Office	501	1,395	649	8	2,553
Sikeston Regional Office	444	1,033	359	1	1,837
Poplar Bluff Satellite Office	415	708	231	3	1,357
St Louis Regional Office	1,734	4,048	4,656	3,728	14,166
Hannibal Satellite Office	324	462	653	79	1,518
	7,908	17,693	12,214	5,016	42,831

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PROGRAM DESCRIPTION
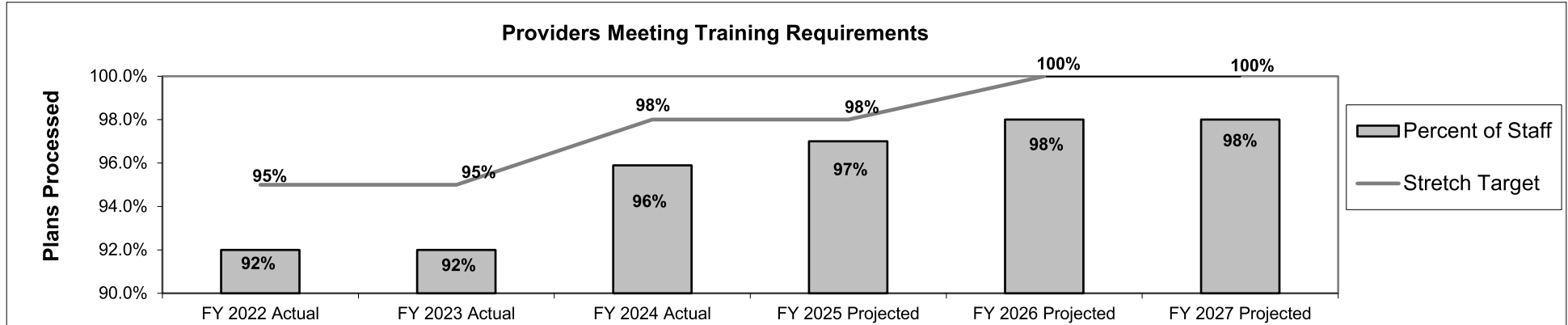
Department: Mental Health

AB Section(s): 10.500, 10.505, 10.510, 10.515, 10.520

Program Name: DD Regional Offices

Program is found in the following core budget(s): DD Regional Offices

2b. Provide a measure(s) of the program's quality.
- Percent of provider training records reviewed that met training requirements.

Providers Meeting Training Requirements

Note: Ability to meet the projected percent in FY 2022 - FY 2023 were impacted due to reliance on the ability of staff to collect and access paper documentation (performance measure source) during the COVID-19 public health emergency.

2c. Provide a measure(s) of the program's impact.
- To increase the number of individuals receiving services who live in their natural home.
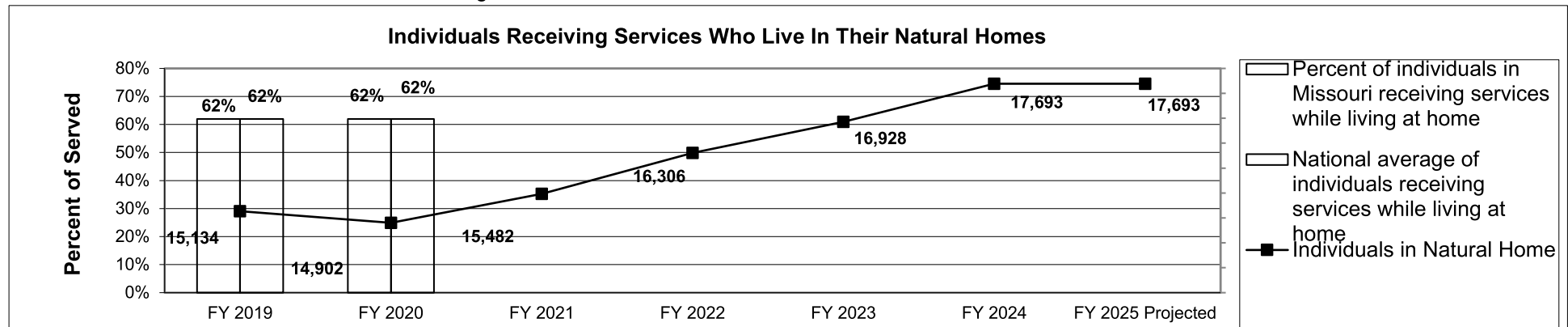
Individuals Receiving Services Who Live In Their Natural Homes

Note: The Percent of Total Served is based on the Residential Information Services Project (RISP). RISP data for 2021 - 2024 has not yet been released.
More consumers are receiving services in their homes enabling them to fully be included in all aspects of home, school and community life.

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| PROGRAM DESCRIPTION	
Department: Mental Health	AB Section(s): 10.500, 10.505, 10.510, 10.515, 10.520
Program Name: DD Regional Offices	
Program is found in the following core budget(s): DD Regional Offices	

2c. Provide a measure(s) of the program's impact. (Continued)

■ To maintain appropriate level of asset balances for Representative Payees.

Regional Office Ensures Medicaid Spend Down Premiums are Paid
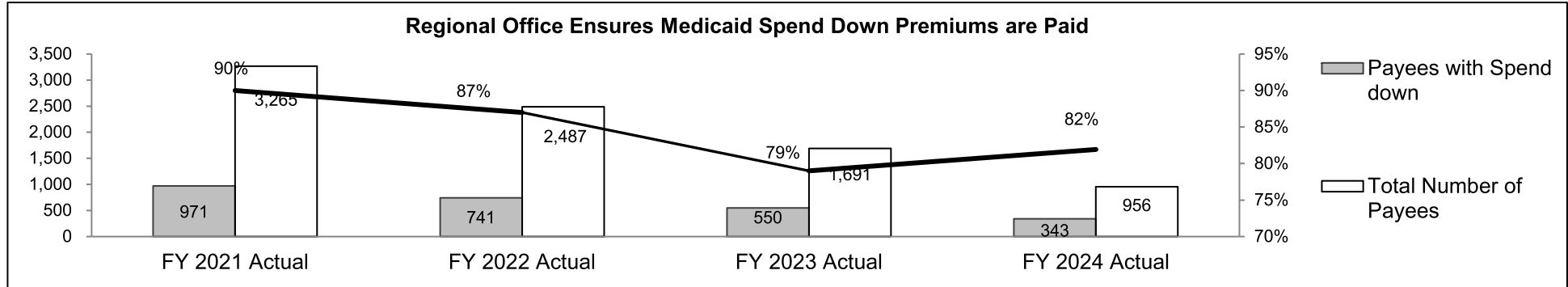
Note: Regional Offices serve as representative payee of social security benefits for individuals not able to manage their funds. The "Pay In" process ensures that individuals who owe a share of their Medicaid costs due to their assets or income can maintain eligibility by paying a monthly premium to cover their share. The downward trend in total number of payees is due to the reduction of Representative Payee designations within the regional offices.

■ To provide assistance to individuals and families in an effort to maintain residential stability.
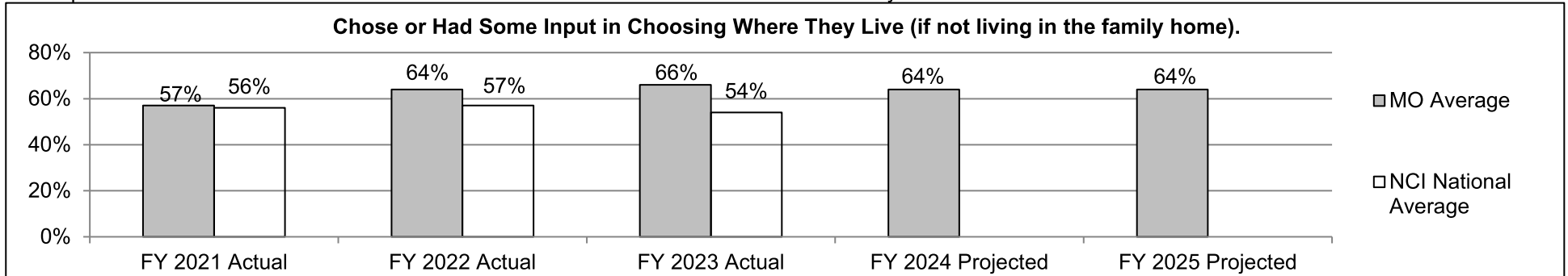
Chose or Had Some Input in Choosing Where They Live (if not living in the family home).

Note: Based on National Core Indicator (NCI) survey results. The NCI is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. Overall, Missouri conducts 403 In-Person Surveys (formerly the Adult Consumer Survey) every year. In FY 2020, surveying was abbreviated due to the COVID-19 pandemic and national results were not published. When surveying stopped, MO had 227 completed surveys. Surveying resumed to normal protocols in FY 2021. In FY 2023, 403 surveys were completed in MO and 25,424 surveys were completed nationally. Data reflected has been risk-adjusted to account for state differences. FY 2024 data is anticipated to be available Spring 2025.

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PROGRAM DESCRIPTION
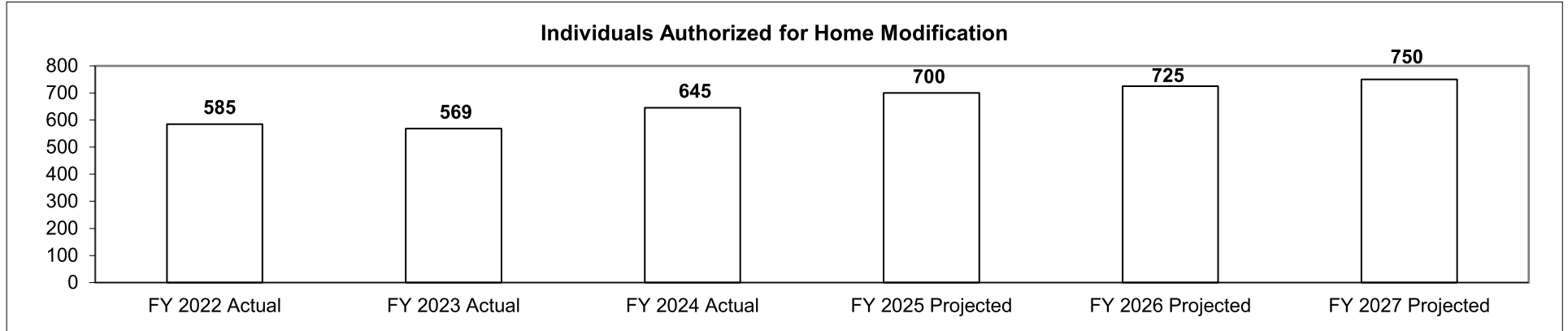
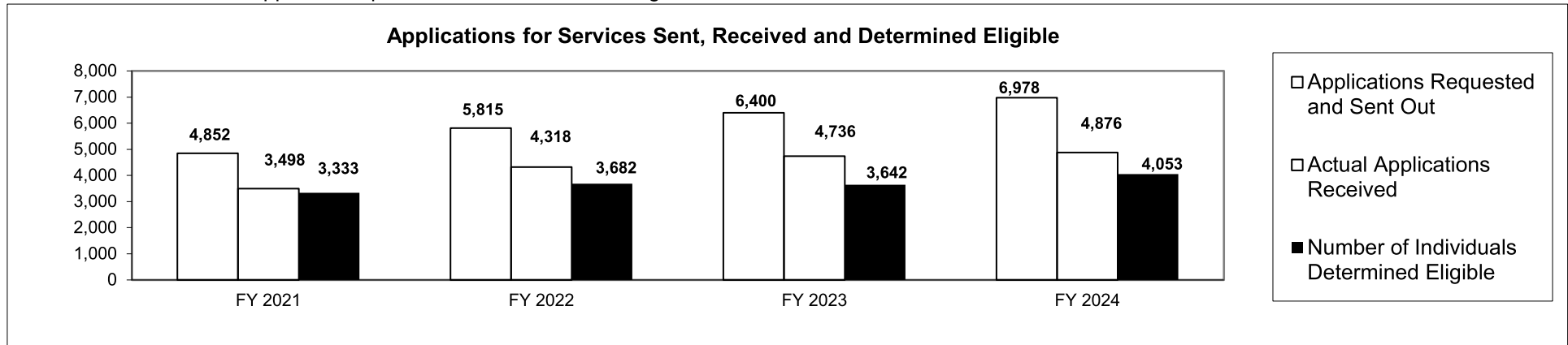|	
Department: Mental Health	AB Section(s): 10.500, 10.505, 10.510, 10.515, 10.520
Program Name: DD Regional Offices	
Program is found in the following core budget(s): DD Regional Offices	

2c. Provide a measure(s) of the program's impact. (Continued)
  ■Promote Independence and reduce reliance on paid supports by adapting homes.

Individuals Authorized for Home Modification

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Projected	FY 2026 Projected	FY 2027 Projected
Value	585	569	645	700	725	750

2d. Provide a measure(s) of the program's efficiency.
  ■ Increase in volume of applications processed with minimal FTE growth.

Applications for Services Sent, Received and Determined Eligible

	FY 2021	FY 2022	FY 2023	FY 2024
Applications Requested and Sent Out	4,852	5,815	6,400	6,978
Actual Applications Received	3,498	4,318	4,736	4,876
Number of Individuals Determined Eligible	3,333	3,682	3,642	4,053

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PROGRAM DESCRIPTION
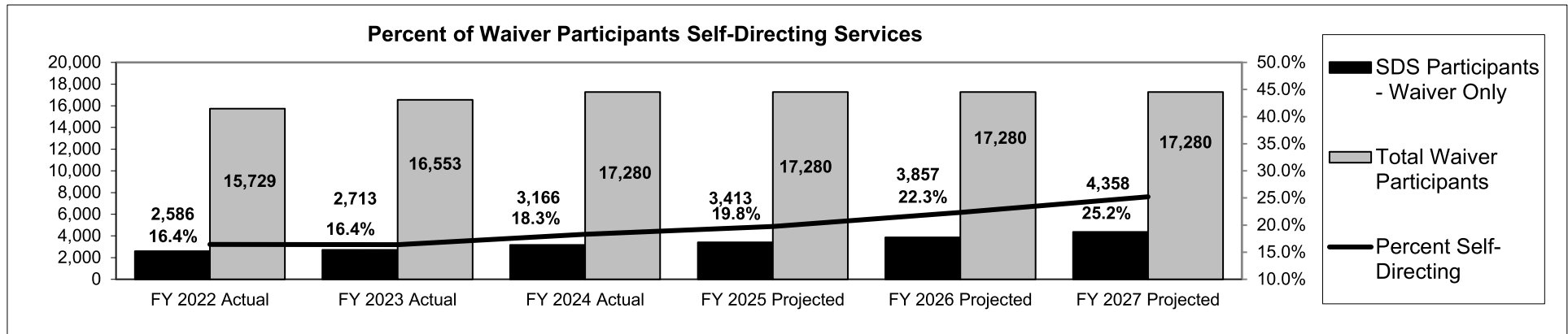
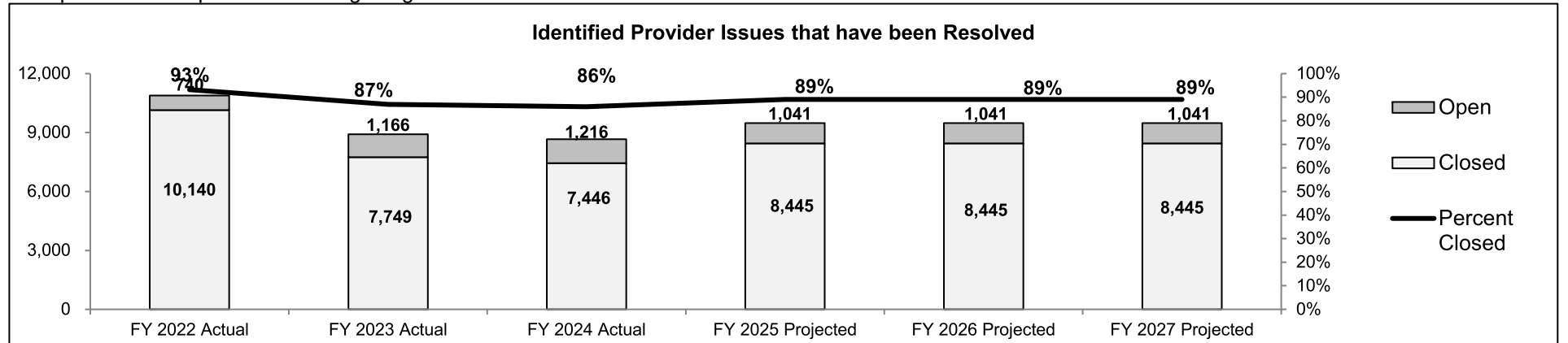|	
Department: Mental Health	AB Section(s): 10.500, 10.505, 10.510, 10.515, 10.520
Program Name: DD Regional Offices	
Program is found in the following core budget(s): DD Regional Offices	

2d. Provide a measure(s) of the program's efficiency. (Continued)
 ▪ Percent of Waiver Participants Self-Directing their own services, thereby promoting self-determination.

Percent of Waiver Participants Self-Directing Services

Note: In FY 2024, Missouri had 18.32% of waiver participants (3,166 individuals) utilizing the Self-Directed Supports service delivery model. Twenty-two states report at least 10% of individuals using self-directed services, according to the NCI Adult In-Person Survey. Twelve states report at least 20% being self-directed. 28 states responded to this measure.

 ▪ Improvement on provider issues getting resolved.

Identified Provider Issues that have been Resolved

Source: DMH, Division of Developmental Disabilities' Integrated Quality Management Findings Database (IQMFD)
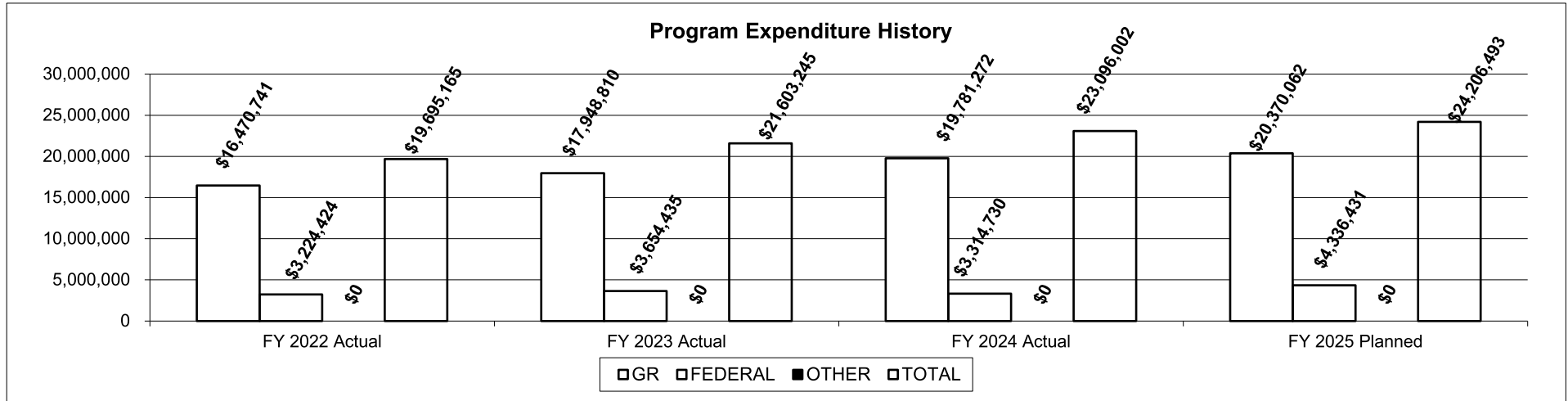
PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.500, 10.505, 10.510, 10.515, 10.520
Program Name: DD Regional Offices	
Program is found in the following core budget(s): DD Regional Offices	

3. **Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.**
   (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History

FY 2022 Actual: GR $16,470,741; FEDERAL $3,224,424; OTHER $0; TOTAL $19,695,165
FY 2023 Actual: GR $17,948,810; FEDERAL $3,654,435; OTHER $0; TOTAL $21,603,245
FY 2024 Actual: GR $19,781,272; FEDERAL $3,314,730; OTHER $0; TOTAL $23,096,002
FY 2025 Planned: GR $20,370,062; FEDERAL $4,336,431; OTHER $0; TOTAL $24,206,493

☐GR ☐FEDERAL ■OTHER ☐TOTAL

4. **What are the sources of the "Other" funds?**
   N/A

5. **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**
   Sections 633.100 through 633.160, RSMo.

6. **Are there federal matching requirements? If yes, please explain.**
   The Division of DD is reimbursed the federal share of the cost of case management to MO HealthNet eligible consumers. MO HealthNet requires that the regional offices cover the state share with state funds. The Division of DD also bills Medicaid Administration for qualifying staff and is reimbursed 50% of actual cost.

7. **Is this a federally mandated program? If yes, please explain.**
   No.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.405, 10.525, 10.530, 10.535, 10.540,
Program Name: State Operated Services	10.545, 10.550
Program is found in the following core budget(s): State Operated Services	

1a. What strategic priority does this program address?

State Operated Programs (SOP) align priorities with providing a continuum of care and habilitation for individuals with developmental disabilities (DD). Habilitation refers to a process aimed at helping people with DD attain, keep or improve skills and functioning for daily living in order to become more independent and self-sufficient.

1b. What does this program do?

SOP provides 24/7 residential long-term care. In conjunction with training in activities of daily living, habilitation services also include: assistance to expand employment opportunities; training in positive behavioral supports and providing crisis services to individuals with extreme violent behaviors; assistance and training with medication/health management, as well as enhancing geriatric care for an aging DD population. These services are provided in a variety of optional settings.

As a part of Missouri's service system for persons with intellectual and developmental disabilities, the Division of Developmental Disabilities (DD) operates three distinct programs: State Owned and Operated ICF/IID Habilitation Centers, State Operated Community Based Waiver Homes, State Owned and Operated Crisis Services.

State-Owned and Operated ICF/IID Habilitation Centers include Bellefontaine, Higginsville, St. Louis Developmental Disabilities Treatment Center in St. Charles and South County, and Southeast Missouri Residential Services in Poplar Bluff and Sikeston. These programs provide residential around-the-clock specialized care, in a structured long-term campus environment, for 223 individuals with intellectual and developmental disabilities. These facilities receive funding under Centers for Medicare and Medicaid Services' (CMS) Intermediate Care Facilities for Individuals with Intellectual Disabilities program (ICF/IID). CMS requirements ensure specific health care and safety standards are met; that the specialized developmental needs of each individual are addressed; and that these centers provide quality health care, appropriate oversight and supervision, active treatment, and habilitation. Many individuals currently residing at a habilitation center have made it their home for 25 to 30 years. With the increasing complex medical needs of these aging individuals with developmental disabilities, specialized health care has become of utmost importance at the centers. Many individuals are medically fragile and require 24 hour medical care through nursing and physician oversight. Furthermore, many individuals require specialized behavioral supports. In addition to specialized care, CMS also monitors that the developmental needs of the individuals are being met through active treatment and habilitation. This demands intensive seven-days-a-week close professional supervision in an environment conducive to enhancing each individual's developmental learning in a day habilitation classroom setting at each center, or within the home in which the individual resides. Habilitation includes training in activities of daily living, as well as receiving therapies directly related to the person's individualized habilitation plan. Staff employed at each habilitation center are state employees. Most of the staff employed are the direct support professionals, their supervisors, as well as nursing staff who provide around-the-clock personal, hygiene care and developmental teaching to the individuals who live on the campuses. Other staff employed at habilitation centers include physicians and psychiatrists; occupational, speech and physical therapists; behavioral analysts and psychologists; human resources; dietary and housekeeping; quality programs; fiscal management and business office; clerical and other support staff.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.405, 10.525, 10.530, 10.535, 10.540,
Program Name: State Operated Services	10.545, 10.550
Program is found in the following core budget(s): State Operated Services	

1b. What does this program do? (Continued)

In 1999, the U. S. Supreme Court ruled in the Olmstead case that the "integration mandate" of the Americans with Disabilities Act requires public agencies to provide services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities". This ruling, along with national trends, has led to drastic down-sizing in large habilitation centers across the country. In Missouri's effort towards compliance with the Olmstead Act, individuals residing in habilitation centers, and their guardians, are provided information on options and choice for receiving waiver services in the community, rather than living at a state operated habilitation center. Additionally in 2008, DD halted long-term admissions to state operated habilitation centers and only admits individuals from community placements who are in crisis, on a short-term basis, until they are able to return to the community.

State Operated Community Based Waiver Homes began in 1990 to provide an option for individuals to move off campus, but still be served by state staff. Individualized residential settings in the community were a national trend to replace institutional care and were funded through a Medicaid Waiver program approved by CMS. The State Operated Community Based Waiver Services are operated through Northwest Community Services, Southwest Community Services and Southeast Missouri Residential Services Waiver programs. They provide supports to 157 individuals with intellectual and developmental disabilities who live in typical housing in the communities and neighborhoods of their choice. Like the habilitation centers, the staff that are employed to provide care to the individuals in the State Operated Community Based Waiver Programs, are state employees; however in contrast, the homes that the individuals reside in are private property which are leased by the individuals who live there. In order to maintain federal funding, these Waiver Programs must meet all of the required Comprehensive Waiver standards on a continual basis, as monitored by CMS. The standards ensure that these programs guarantee quality health care, appropriate supervision and oversight, choice of services, and adherence to promoting self-determination, employment, and community membership. Most of the individuals served in these programs previously resided on a habilitation center campus for many years prior to choosing to move to this type of optional program. As a result, many of the individuals receiving services through the State Operated Community Based Waiver Programs are considered medically fragile and aging with complex medical and/or behavioral needs. All individuals receive 24 hour support from state employed direct care, nursing and other professional staff, to ensure health and safety, quality of life, employment, and community integration. Currently, a large emphasis within the State Operated Waiver program is to assist individuals to seek and obtain employment in non-segregated settings within their communities.

State Owned and Operated Crisis Services: Currently, each State-Operated DD program, based upon capacity, can provide time-limited crisis services for individuals with developmental disabilities residing in the community who are experiencing significant behavioral challenges, requiring short-term out of home support. With a comprehensive approach to evaluating the individual's support needs, the crisis service seeks to stabilize the individual's behavior while also making recommendations to the larger team for strategies to help the person successfully return to their community home. On average, this service is provided to approximately 25 individuals throughout the state at any given time. Qualifying individuals residing in homeless shelters, ready for discharge from acute care or psychiatric hospitals, or held in jail without charges due to lack of a provider with available staffing are prioritized for these services.

Demand for these services continues to grow, as the workforce shortage has impacted the ability of community residential providers to support individuals with high behavioral support needs due to the resultant need for increased levels of staffing for these individuals.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.405, 10.525, 10.530, 10.535, 10.540,
Program Name: State Operated Services	10.545, 10.550
Program is found in the following core budget(s): State Operated Services	

1b. What does this program do? (Continued)

Reconceptualization Efforts: As the census in state operated habilitation centers continues to decline, DD is reconceptualizing how the staff and campuses of these facilities can be used to support current capacity gaps within the DD community-based residential and DBH state psychiatric hospital service delivery systems.

● Demand for short-term stabilization services for individuals with developmental disabilities who have complex behavioral and medical support needs. Provider capacity issues have been compounded by the current workforce shortage, resulting in an increase in individuals for whom these needs cannot be met.

● Additionally, the DMH Division of Behavioral Health (DBH) has seen an increase in the demand for court-ordered admissions to state psychiatric hospitals for competency restoration along with decreased capacity in community residential options for individuals ready for discharge, resulting in an extensive waiting list for admission.

The transition of habilitation centers to support these efforts will require a multi-faceted effort, including relocation of non-facility staff, capital improvement projects, and program redesign based upon the needs of the population being served. Progress towards reconceptualization is dependent upon each facility's ability to recruit and retain sufficient staff. During FY24, DD State Operated Programs initiated a pilot program at St. Louis Developmental Disabilities Treatment Centers that will serve up to eight individuals ready for discharge from state psychiatric hospitals operated by the DBH, in addition to expanding state owned and operated crisis services. Four individuals were admitted to this program during FY24; data collection is underway to guide development and expansion of this service to other habilitation centers.

Other reconceptualization initiatives include development of mobile psychiatric service teams and mobile interdisciplinary response teams to support individuals with developmental disabilities at risk of losing their community provider due to psychiatric or complex needs. The goal is to stabilize in place, mitigating the risk of hospitalization, incarceration, or loss of provider. During FY24, DD State Operated Programs, in conjuction with the DMH Chief Medical Director, initiated a pilot program in the St. Louis area that provides psychiatric in-home stabilization services to individuals receiving residential services funded through a HCBS Waiver who are at risk of hospitalization, incarceration, or homelessness. Sixteen individuals have received services through this program, with consultation provided to an additional 12 individuals; data collection is underway to optimize identification of at-risk individuals, identify additional supports/disciplines to enhance the team, and guide expansion of the service beyond the pilot.

The individuals served in all three of these existing program types are diagnosed with developmental disabilities ranging from mild to profound, with the majority being in the severe/profound range. To be eligible for services, an individual must meet the Division of DD's definition of having a developmental disability as set forth in Section 630.005 RSMo, and meet Division of DD criteria of requiring placement in a state operated facility or community residential services. As additional DD State operated program types are added within reconceptualization efforts, service criteria will be developed for each program.

PROGRAM DESCRIPTION

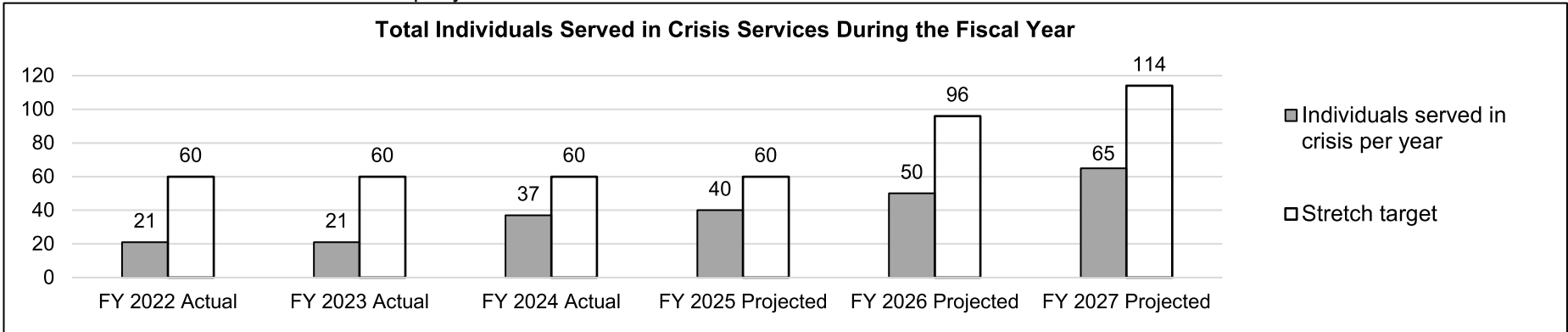|	
Department: Mental Health	AB Section(s): 10.405, 10.525, 10.530, 10.535, 10.540,
Program Name: State Operated Services	10.545, 10.550
Program is found in the following core budget(s): State Operated Services	

2a. Provide an activity measure(s) for the program.

■ Average age and length of stay for consumers in state-operated programs as of 06/30/24:

	Average Current Age	Average Current Length of Stay - In Years
Bellefontaine Habilitation Center	62	39.50
Higginsville Habilitation Center	53	25.01
Northwest Community Services	62	21.50
Southeast Missouri Residential Services	54	25.41
St Louis Developmental Disabilities Treatment Center	60	26.14
Southwest Community Services	54	26.45

■ Number of individuals served in crisis per year.

Total Individuals Served in Crisis Services During the Fiscal Year

	Individuals served in crisis per year	Stretch target
FY 2022 Actual	21	60
FY 2023 Actual	21	60
FY 2024 Actual	37	60
FY 2025 Projected	40	60
FY 2026 Projected	50	96
FY 2027 Projected	65	114

DD projects an increase in the capacity of available services to better meet the increasing demands of individuals served who require crisis services. Stretch target projection is based on available crisis beds.
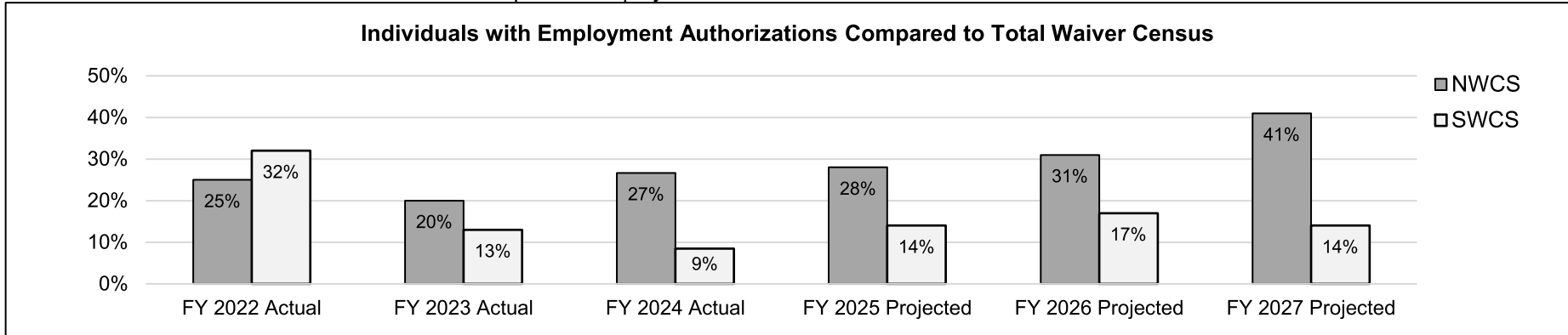
PROGRAM DESCRIPTION

Department: Mental Health	**AB Section(s):** 10.405, 10.525, 10.530, 10.535, 10.540,
Program Name: State Operated Services	10.545, 10.550
Program is found in the following core budget(s): State Operated Services	

2a. Provide an activity measure(s) for the program. (Continued)
  ■ To increase the number of individuals with competitive employment authorizations.

Individuals with Employment Authorizations Compared to Total Waiver Census

	NWCS	SWCS
FY 2022 Actual	25%	32%
FY 2023 Actual	20%	13%
FY 2024 Actual	27%	9%
FY 2025 Projected	28%	14%
FY 2026 Projected	31%	17%
FY 2027 Projected	41%	14%

Note: Data represents the percent of individuals with employment authorizations compared to the total waiver census at Northwest Community Services and Southwest Community Services, for individuals age 18-64. From FY 2022 - FY 2024, the census for both community programs has decreased and more individuals served are now over 64; due to workforce shortages, some homes have been consolidated, rather than filling vacancies due to death with younger individuals, resulting in an unexpected increases in the average age of individuals served.

  ■ Habilitation Center current census by program as of 6-30-2024:

	On Campus	Temporary Crisis Beds	Off Campus-Community
Bellefontaine Habilitation Center	82	6	0
Northwest Community Services	0	8	109
Higginsville Habilitation Center	32	9	0
Southwest Community Services	0	2	35
Southeast Missouri Residential Services	45	6	13
St Louis Developmental Disabilities Treatment Center	64	5	0
TOTAL	**223**	**36**	**157**

PROGRAM DESCRIPTION

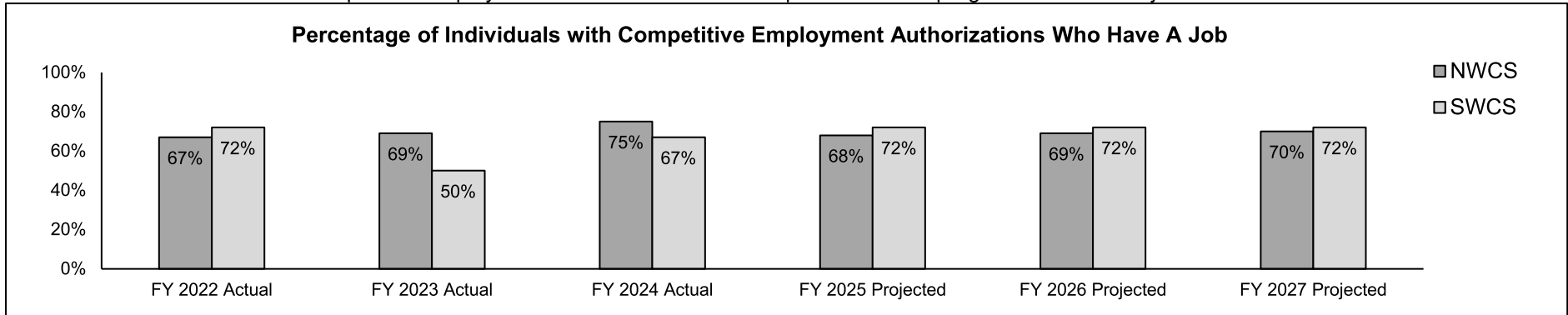|	
Department: Mental Health	AB Section(s): 10.405, 10.525, 10.530, 10.535, 10.540,
Program Name: State Operated Services	10.545, 10.550
Program is found in the following core budget(s): State Operated Services	

2b. Provide a measure(s) of the program's quality.

■ Perform nursing reviews to ensure quality care is provided.

Nursing Reviews Performed at State-Operated Programs

Legend:
- Number of Nursing Reviews Performed
- Projected
- Stretch Target

Data:
- FY 2022 Actual: 113 / 70
- FY 2023 Actual: 109 / 80
- FY 2024 Actual: 113 / 90
- FY 2025 Projected: 90
- FY 2026 Projected: 90
- FY 2027 Projected: 90
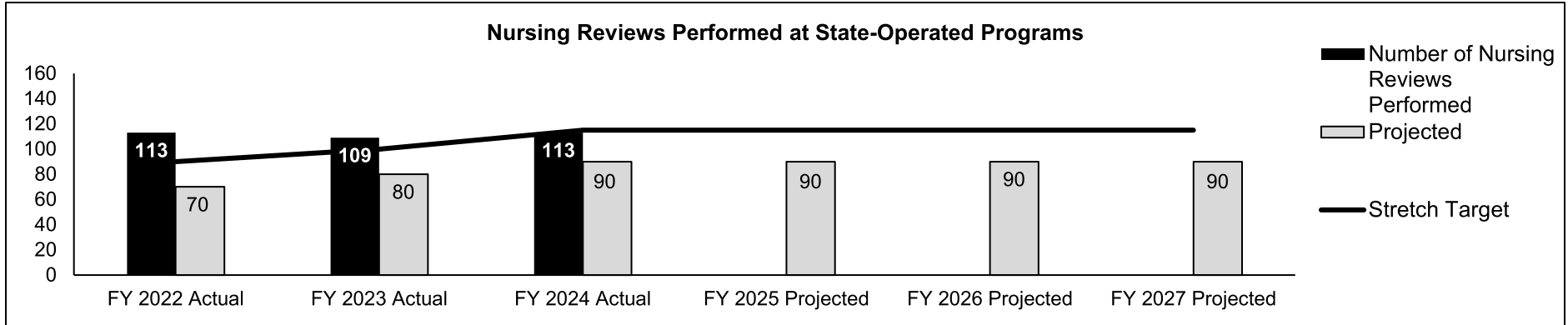
Note: Periodically consumer records are sampled by RNs for quality checks.

2c. Provide a measure(s) of the program's impact.

■ Percent of individuals with Competitive Employment authorizations in state-operated waiver programs that have a job.

Percentage of Individuals with Competitive Employment Authorizations Who Have A Job

Legend:
- NWCS
- SWCS

Data:
- FY 2022 Actual: 67% / 72%
- FY 2023 Actual: 69% / 50%
- FY 2024 Actual: 75% / 67%
- FY 2025 Projected: 68% / 72%
- FY 2026 Projected: 69% / 72%
- FY 2027 Projected: 70% / 72%

PROGRAM DESCRIPTION	
Department: Mental Health	**AB Section(s):** 10.405, 10.525, 10.530, 10.535, 10.540,
Program Name: State Operated Services	10.545, 10.550
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2c. Provide a measure(s) of the program's impact. (Continued)

FY 2024 DSP Turnover Rate by DD Facility and DSP Level

Legend:
- Support Care Assistant (DSP 1)
- Senior Support Care Assistant (DSP 2)
- Supervising Support Care Assistant (DSP 3)

Bellefontaine Habilitation Center: 46%, 11%, 10%
St Louis Developmental Disabilities Treatment Center: 51%, 6%, 15%
Higginsville Habilitation Center: 164%, 41%, 15%
Northwest Community Services: 61%, 0%, 18%
Southeast Missouri Residential Services: 84%, 34%, 13%
Southwest Community Services: 41%, 0%, 33%

2d. Provide a measure(s) of the program's efficiency.
   ■ Direct Care turnover in State Operated Programs.

Comparison of State-Operated Vacancy Rates to NCI Data

Legend:
- SOP DSP Turnover Rates
- NCI National Average

FY 2020 Actual: 39%, 44%
FY 2021 Actual: 45%, 43%
FY 2022 Actual: 55%, 41%
FY 2023 Actual: 68%, 41%
FY 2024 Actual: 70%
FY2025 Projected: 65%
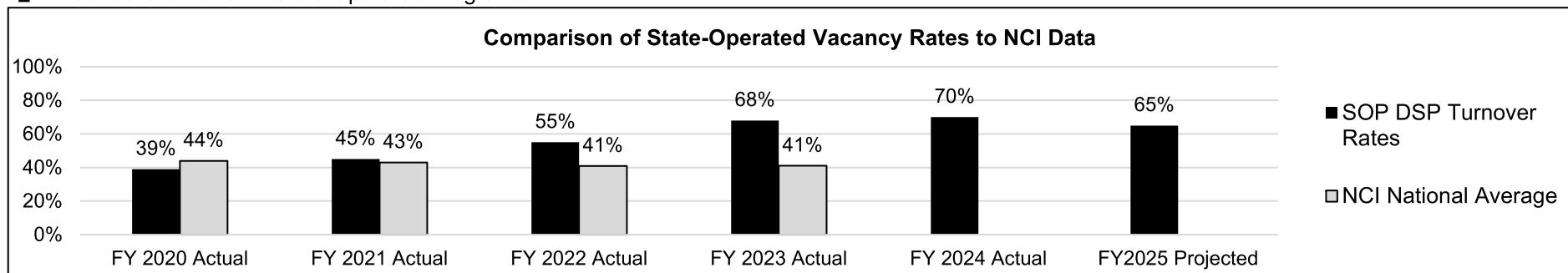
The Division is making efforts to help reduce turnover of direct support professionals (DSP) with initiatives targeted specifically to promote opportunities for more recognition and promotion of their value to the organization, and continues to monitor feedback from the Quarterly Pulse Survey and implement changes. A number of new retention and recruitment strategies have been implemented across all programs. This includes salary increases for all DSPs in FYs 2022 through 2024 and expansion of shift differential pay. DMH is working to develop and implement strategies to enhance the leadership ability of all supervisors and is partnering to pilot new recruitment and retention strategies in programs most impacted by the workforce shortage. DD has also developed a DSP credentialing program to aid in recruitment, development, and retention of DSP staff. National number is based on a sample of consumers reported in National Core Indicators (NCI) State of the Workforce Survey. The NCI is a voluntary effort by public developmental disabilities' agencies to measure and track their own performance. NCI data is currently available through Calendar Year 2023. State Operated Programs DSP Turnover Rate is obtained from OA Talent Management Dashboard.
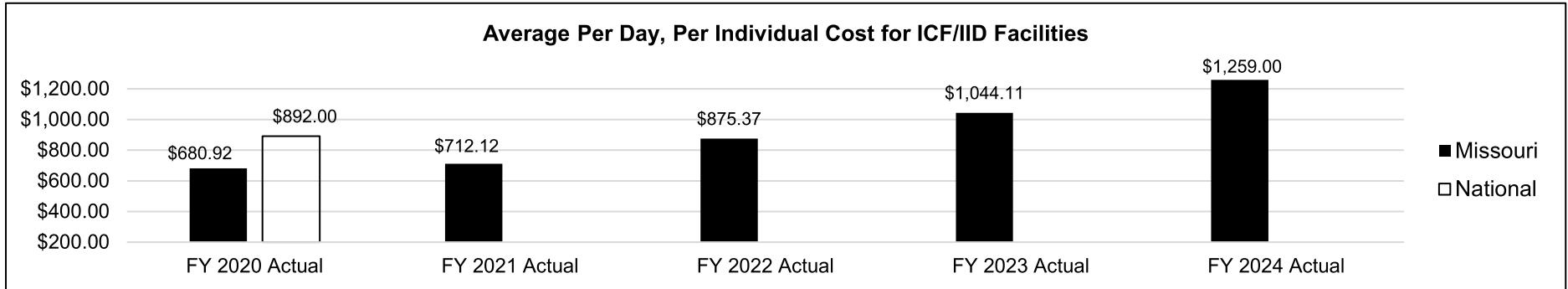
PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.405, 10.525, 10.530, 10.535, 10.540,
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2d Provide a measure(s) of the program's efficiency. (Continued)
- Per Diems based on expenditures from DMH appropriations, including fringe:

Average Per Day, Per Individual Cost for ICF/IID Facilities

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual
Missouri	$680.92	$712.12	$875.37	$1,044.11	$1,259.00
National	$892.00				

Note: FY 2020 data for the national average is taken from Residential information Systems Project (RISP) annual survey compiled by University of Minnesota. RISP data for FY 2021 - FY 2024 has not yet been released. Average per diems reflected include Bellefontaine, Higginsville, and St. Louis DDTC which are campus ICF/IID settings.

PROGRAM DESCRIPTION

Department: Mental Health	AB Section(s): 10.405, 10.525, 10.530, 10.535, 10.540,
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2d. Provide a measure(s) of the program's efficiency. (Continued)

■ To stabilize individuals experiencing a crisis for transition back to the community.

Length of Stay for Individuals Discharged from Crisis Services to a Community Based Setting
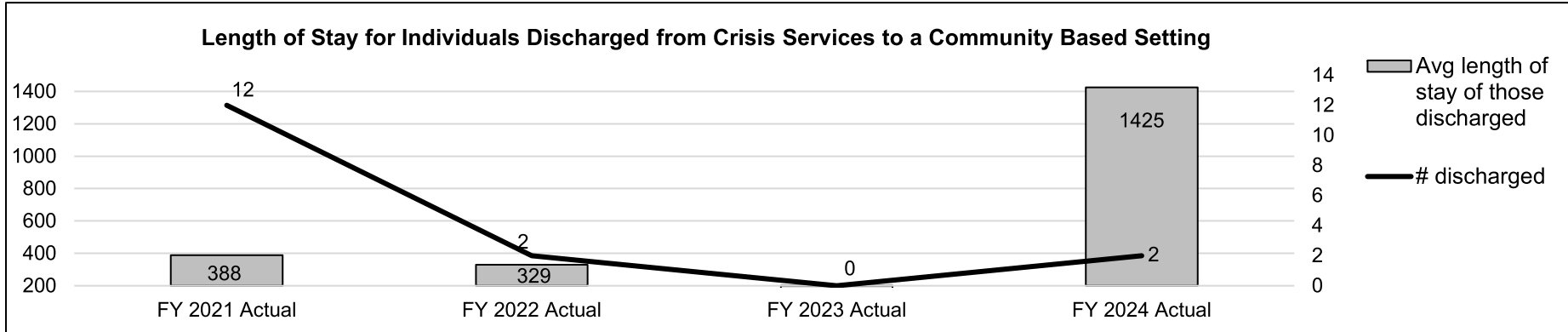
Note: Prior to FY24, the goal for length of stay in crisis services was 120 days. After analysis of data collected on individuals served in the program, this goal has been adjusted to 210 days. The length of each crisis admission should be based on that individual's support needs and progress in the program; average time required for stabilization is 4 - 10 months. The length of stay for FY 2021 was impacted by the COVID-19 Pandemic resulting in the delay of moves back to the community. Individuals have continued to make significant progress in crisis services during from FY 2022 through FY 2024, and multiple individuals are considered ready for discharge; however, no discharges occurred in FY 2023 and minimal discharges occurred in FY 2024 due to community provider capacity issues related to the workforce shortage.
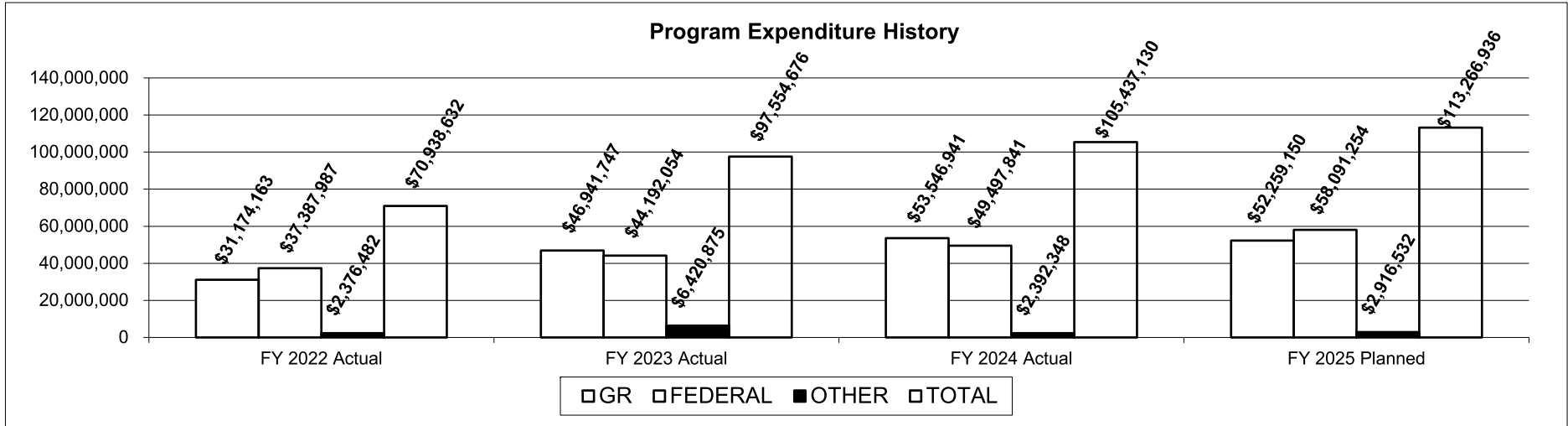
PROGRAM DESCRIPTION	
Department: Mental Health	AB Section(s): 10.405, 10.525, 10.530, 10.535, 10.540,
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3. **Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year.**
   (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Planned
GR	$31,174,163	$46,941,747	$53,546,941	$52,259,150
FEDERAL	$37,387,987	$44,192,054	$49,497,841	$58,091,254
OTHER	$2,376,482	$6,420,875	$2,392,348	$2,916,532
TOTAL	$70,938,632	$97,554,676	$105,437,130	$113,266,936

Note: FY 2023 Other Expenditures include $3.4M of ARPA funds by State Operated Facilities. FY 2025 planned expenditures include increased EE costs to continue covering expenditures for temporary contract staff.

4. **What are the sources of the "Other" funds?**
   0435 - Habilitation Center Room and Board

5. **What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**
   Chapter 633, RSMo.

6. **Are there federal matching requirements? If yes, please explain.**
   No

7. **Is this a federally mandated program? If yes, please explain.**
   No. The habilitation center ICF/IID services are a MO HealthNet service that Missouri has included in its MO HealthNet program.